

Washington State
**Death and Fetal Death Registration
Handbook**



Center for Health Statistics
March 2004

Washington State
**Death and Fetal Death Registration
Handbook**

March 2004



For more information contact:

Center for Health Statistics
1112 SE Quince
P.O. Box 47814
Olympia WA 98504-7814

(360) 236-4300
Fax (360) 753-4135

Mary Selecky
Secretary

Special Acknowledgments to:

Carol Armstrong
Manager, Field Services

Carrie Holbrook
Health Services Consultant, Field Services

Philip Freeman
Manager, Statistical Services

Tami Jones
Health Services Consultant, Statistical Services

Ann Lima
State Nosologist, Deaths

Jude Van Buren
*Assistant Secretary
Epidemiology, Health Statistics and Public Health Laboratories*

Teresa Jennings
*State Registrar and Director
Center for Health Statistics*

Contents

| | |
|---|-----------|
| Introduction..... | 1 |
| Importance of Death and Fetal Death Certificate Registration..... | 1 |
| Uses of Death and Fetal Death Certificates..... | 2 |
| Definitions..... | 2 |
| Cause-of-Death..... | 2 |
| Center for Health Statistics..... | 2 |
| Certifying Physician..... | 2 |
| Deputy Registrar..... | 3 |
| Fetal Death..... | 3 |
| Funeral Director..... | 3 |
| Local Registrar..... | 3 |
| Physician Last in Attendance..... | 3 |
| Underlying Cause-of-Death..... | 3 |
| The Death Certificate Worksheet..... | 3 |
| Fetal Death Certificate..... | 4 |
| Public Disclosure..... | 4 |
| Fees..... | 5 |
| Data Sources..... | 6 |
| Guidelines for Completion of Records..... | 7 |
| <i>Death and Fetal Death Certificates.....</i> | <i>7</i> |
| <i>Presumptive Death Certificate.....</i> | <i>7</i> |
| <i>Burial-Transit-Permits.....</i> | <i>8</i> |
| <i>Notice of Removal Forms.....</i> | <i>9</i> |
| <i>Final Disposition of Human Remains or Fetal Remains.....</i> | <i>11</i> |
| <i>Criteria for Burial at Sea.....</i> | <i>11</i> |
| Amending Certificates..... | 12 |
| Disinterment Permits..... | 13 |
| Duties of the Local Registrar..... | 15 |
| Duties of the Center for Health Statistic..... | 16 |
| Frequently Asked Questions..... | 17 |
| 1. Who completes a death certificate?..... | 17 |
| 2. Can an apprentice funeral director sign a death certificate?..... | 18 |
| 3. Can a licensed funeral director from another state sign a Washington death certificate?..... | 18 |

| | | |
|-----|---|-----------|
| 4. | <i>Who can sign the certification section on the death certificate?</i> | 18 |
| 5. | <i>Can the coroner or medical examiner add a cause-of-death or change the cause-of-death after the physician has signed and certified the cause-of-death?</i> | 19 |
| 6. | <i>Who files a death certificate and where is it filed?</i> | 20 |
| 7. | <i>When does the death certificate need to be filed?</i> | 20 |
| 8. | <i>Is it legal for a family (next of kin) to handle the disposition of the remains of a relative, including preparing and filing the death certificate?</i> | 21 |
| 9. | <i>Who completes a fetal death certificate?</i> | 21 |
| 10. | <i>Who files the fetal death certificate and where is it filed?</i> | 21 |
| 11. | <i>When is the fetal death certificate filed?</i> | 21 |
| 12. | <i>Who is responsible for disposition of fetal humans remains?</i> | 22 |
| 13. | <i>When do you file a Report of Induced Termination of Pregnancy form instead of a Fetal Death Certificate?</i> | 22 |
| 14. | <i>Can a parent receive a certified copy of the fetal death certificate?</i> | 22 |
| | The Decedent | 23 |
| | Item 1 – Decedent’s Legal Name | 23 |
| | Item 5 – Social Security Number | 26 |
| | Item 9 – Decedent’s Education | 28 |
| | Item 10 – Was Decedent of Hispanic Origin or Descent? | 29 |
| | Item 11 – Decedent’s Race | 30 |
| | Item 12 – Was the Decedent Ever in the U.S. Armed Forces? | 32 |
| | Residence of Decedent | 32 |
| | Occupation and Business/Industry of Decedent | 37 |
| | Parents of The Decedent | 39 |
| | Item 24 – Place of Death, if Death Occurred in a Hospital / Place of Death, if Death Occurred Somewhere Other than a Hospital | 40 |
| | Item 25 – Facility Name | 41 |
| | The Disposition | 43 |
| | Item 28 – Method of Disposition | 43 |
| | Item 34 – Cause of Death | 47 |
| | Item 37 – Were Autopsy findings available to complete the Cause of Death? | 49 |
| | Item 38 – Manner of Death | 49 |
| | Item 39 – If female | 50 |
| | Item 40 – Did tobacco use contribute to death? | 50 |
| | Item 46 – Describe How the Injury Occurred | 53 |
| | Item 48a. – Certifying Physician | 54 |
| | Item 48b. – Medical Examiner/Coroner | 55 |
| | Item 50 – Hour of Death | 56 |
| | Item 53 – Title of Certifier | 58 |
| | Item 56 – Was Case Referred to ME/Coroner? | 58 |

| | |
|--|------------|
| Completing the Fetal Death Certificate | 60 |
| <i>Delivery Information.....</i> | <i>60</i> |
| Item 1 – Name of Fetus | 60 |
| Item 5a – Type of Birthplace (Specify Type) | 61 |
| Parent’s Information..... | 63 |
| Disposition Information..... | 66 |
| Item 20 – Name and Title of Person Completing Cause of Death..... | 66 |
| Item 22 – Name and Title of Person Delivering the Fetus..... | 67 |
| Item 24 – Method of Disposition..... | 67 |
| Item 35 - Were Autopsy or Histological Placental Examination Results Used in Determining the Cause-of-death? | 71 |
| Local Registrar | 71 |
| <i>Confidential Portion.....</i> | <i>71</i> |
| <i>Mother’s Information</i> | <i>72</i> |
| Item 42 – Mother’s Education | 72 |
| Item 43 – Mother of Hispanic Origin?..... | 73 |
| Item 44 – Mother’s Race | 73 |
| Item 47- Mother Married? | 75 |
| Item 58 – Cigarette Smoking Before and during pregnancy | 79 |
| <i>Father’s Information</i> | <i>80</i> |
| Item 60. Father’s Education..... | 80 |
| Item 61. - Father of Hispanic Origin?..... | 81 |
| Item 62. - Father’s Race | 81 |
| <i>Medical and Health Information.....</i> | <i>83</i> |
| Medical Certification of Death..... | 89 |
| <i>Certifying the Cause-of-Death</i> | <i>89</i> |
| <i>Changes to cause of death.....</i> | <i>91</i> |
| <i>Instructions.....</i> | <i>91</i> |
| <i>Part I (Item 34) of the Cause-of-Death Section.....</i> | <i>92</i> |
| <i>Part II (Item 35) - Other Significant Conditions of the Cause-of Death Section.....</i> | <i>94</i> |
| <i>Completing the Certifier Section.....</i> | <i>96</i> |
| Examples of Cause-of-Death Certification | 97 |
| <i>Common problems in death certification</i> | <i>112</i> |
| <i>Completing the cause of fetal death</i> | <i>114</i> |
| <i>Instructions for completing cause of fetal death</i> | <i>115</i> |
| <i>Specify conditions as fetal or maternal</i> | <i>116</i> |
| <i>Supplemental report of cause of fetal death.....</i> | <i>116</i> |
| <i>Other items for medical certification</i> | <i>116</i> |
| <i>Examples of fetal death causes.....</i> | <i>117</i> |
| <i>Common problems in fetal death certification</i> | <i>121</i> |
| Uncertainty | 121 |
| Avoid ambiguity | 121 |
| Mechanism of death..... | 122 |

| | |
|--|------------|
| Appendices..... | 123 |
| <i>Appendix A. Policy/Procedures.....</i> | <i>124</i> |
| <i>Appendix A-1. 24 Hour Time Clock</i> | <i>134</i> |
| <i>Appendix B. Revised Code of Washington</i> | <i>135</i> |
| Chapter 36 RCW | 135 |
| Chapter 43.70 RCW | 135 |
| Chapter 68.50 RCW | 136 |
| Chapter 70.58 RCW | 141 |
| <i>Appendix D. City – County Listing.....</i> | <i>152</i> |
| <i>Appendix E. State Abbreviations</i> | <i>169</i> |
| <i>Appendix F. State Vital Statistics Addresses</i> | <i>171</i> |
| <i>Appendix G. Occupation and Industry Listing</i> | <i>174</i> |
| <i>Appendix H. Operational Guidelines for Determination of Injury at Work.....</i> | <i>187</i> |
| <i>Appendix I. Forms.....</i> | <i>188</i> |
| Death Certificate Worksheet..... | 188 |
| Death Certificate..... | 188 |
| Fetal Death Certificate..... | 188 |
| Burial Transit Permit | 188 |
| Notice of Removal..... | 188 |
| Disinterment Permit..... | 188 |
| Affidavit for Correction..... | 188 |

Death and Fetal Death Registration Handbook

Introduction

Introduction

The Death and Fetal Death Registration Handbook is designed to provide instructions for funeral directors, physicians, medical examiners, coroners, local registrars and others for completing and filing death and fetal death certificates. RCW 70.58 which governs the registration and reporting of vital statistics requires births, fetal deaths, death, marriages, and dissolution of marriage to be reported within a timely fashion. Birth and death certificates are designed to gather information in a manner consistent with federal reporting requirements of the National Center for Health Statistics.

On October 1, 2002, the State Board of Health adopted amendments to Washington Administrative Code (WAC) 246-491, sections 029,039 and 149. These changes assured that the state's birth, death and fetal death certificates will be consistent with the US Standard Certificates.

Importance of Death and Fetal Death Certificate Registration

The death certificate is the source for state and national mortality statistics and is used to determine which medical conditions receive research and the development funding, to set public health goals, and to measure health status at local, state, national, and international levels. The Center for Health Statistics publishes summary mortality data in the annual publication "Washington State Vital Statistics." Mortality data for the report is available on the internet at <http://www.doh.wa.gov/ESH/PHL/CHS/CHS-Data/death/deatmain.htm>. Because statistical data derived from the death certificates can be no more accurate than the information on the certificate, it is very important that all persons concerned with the registration of deaths strive for accuracy and promptness in reporting these events. Furthermore, the potential usefulness of detailed specific information is greater than more general information.

A death certificate is a permanent record of the facts of an individual's death. It provides important personal information about the decedent and about the circumstances and causes of death. The death record is highly valuable for medical and health research and provides important documentary evidence to settle estates. Funeral directors or persons in charge of the disposition are required to register all deaths and fetal deaths that occur in the State of Washington (RCW 70.58.160, 170).

Death and Fetal Death Registration Handbook

Introduction

Uses of Death and Fetal Death Certificates

Information from death certificates provides the basis for local, state and national mortality statistics. Some of the uses for these data follow:

- To assess the general health of the population
- To evaluate the success of medical treatment
- To examine medical problems that may be more prevalent among certain population groups
- To indicate those areas in which medical research can have the greatest impact for promoting health and preventing disease
- To identify public health problems and measure the results of programs established to alleviate these problems
- To allocate medical and health care services and to initiate follow up on infant deaths (such as SIDS), maternal deaths, and certain infectious diseases (such as AIDS)
- To provide a method for identifying disease etiology and evaluating diagnostic and therapeutic techniques
- To identify the leading causes of death and years of potential life lost to diseases and injuries
- To provide data for epidemiological studies in such areas as coronary heart disease and cancer
- To identify geographic areas with elevated death rates from selected causes of death
- To measure the health of population at state, county, and city levels.

Because statistical data derived from death certificates can be no more accurate than the information on the certificate, it is very important that all persons concerned with the registration of deaths strive not only for prompt registration but also for completeness and accuracy in reporting these events.

Definitions

Cause-of-Death – is the final disease, abnormality, injury, or poisoning that caused the death. It is not the mode of dying such as cardiac or respiratory arrest, shock, or heart failure.

Center for Health Statistics (CHS) – is the office in the Washington State Department of Health that maintains birth, fetal death, death, and marriage and divorce records for events that occur in Washington State.

Certifying Physician – is the physician who determines and certifies the cause of death on a death certificate. The Certifying Physician may be the

Death and Fetal Death Registration Handbook

Introduction

Attending Physician. He or she is responsible for completing Items 34-56 on the death certificate. He or she also completes Item 2 (date of death) if he or she pronounces death.

Deputy Registrar – is the person appointed by the Health Officer (Local Registrar) who acts as their official designee. Official duties include the review of death and fetal death certificates for accuracy and completeness and the issuance of burial transit permits. The Health Officer (Local Registrar) often appoints a chief deputy registrar in larger counties.

Fetal Death – is any product of conception that shows no evidence of life after complete expulsion or extraction from its mother. The words “evidence of life” includes breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. A fetal death certificate is filed if the period of gestation is twenty weeks or more (RCW 70.58.150, 160).

Funeral Director – is a person engaged in the profession or business of conducting funerals and supervising or directing the burial and disposal of dead human bodies.

Local Registrar – is the Health Officer who resides in each county or district. The Local Registrar appoints sufficient deputy registrars to administer the vital statistics laws (RCW 70.58.020).

Physician Last in Attendance – is the physician who was in charge of the decedent’s care or treatment of the condition(s) just prior to death. In most cases, this physician will pronounce death and certify the cause-of-death. When this physician is unavailable to certify the cause-of-death at the time of death another physician will certify the death.

Underlying Cause-of-Death – is (a) the disease or injury which initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury.

The Death Certificate Worksheet – is a standard worksheet form (DOH/CHS 004 Rev 2/6/04) developed by the Department of Health, Center for Health Statistics, to assist funeral directors in gathering information about the decedent. Responses to these items must be transferred to the death certificate.

Death and Fetal Death Registration Handbook

Introduction

Fetal Death Certificate

The fetal death certificate is a legal document, although it serves primarily statistical and health research purposes rather than a legal purpose. The information is used to study prenatal care services and obstetrical programs. It is also used to examine consequences to the fetus from possible environmental and occupational exposures to parents. A fetal death certificate must be completed and filed before a Burial Transit permit is used and before final disposition for every fetus 20 or more weeks gestation.

NOTE: A fetal death certificate is not required if the period of gestation is less than 20 weeks (RCW 70.58.160, 230). When a fetus of any gestation age lives a short time by showing signs of life with a heartbeat or pulsation and later dies, a birth and death certificate must be completed and filed as directed by law (RCW 170.58.070, 150, 160).

When the delivery of a fetus is the result of an induced termination, the medical facility is required to complete the *Report of Induced Termination of Pregnancy* and report it to the Center for Health Statistics (CHS). The form may be obtained from CHS.

Public Disclosure

The death certificate is a public record and is available to individuals upon request. The fetal death certificate contains two sections: (1) a legal portion that is considered a public record and (2) a confidential portion that is not subject to public inspection. The confidential portion contains medical and demographic information identified by the State Board of Health. This portion is excluded from certified copies of the record except upon order of a court (WAC 246-491-030). Although the death certificate and the legal portion of the fetal death certificate are a public record, the release of lists of names, addresses, etc. from these records for commercial purposes is prohibited (RCW 42.17.260(9) and WAC 246-490-045).

Death and Fetal Death Registration Handbook

Introduction

Fees

The Vital Records statute establishes a fee for each certified copy requested from the State Department of Health and Local Health Jurisdictions. Local registrars shall charge the same fees as the state. No fee may be required for furnishing certified copies of death or fetal death certificates for use in connection with a claim for compensation or pension pending before the Veterans Administration (RCW 70.58.107).

Death and Fetal Death Registration Handbook

General Instructions

Data Sources

Data necessary for preparing death and fetal death certificates are obtained from the informant and the physician in attendance at the time of death. The informant is the person who gives the personal information about the decedent. These are Item 1 and Item 3 through Item 27. The attending physician is the physician who has been providing medical attention for the patient up to the time the patient dies. The attending physician or coroner/medical examiner completes the cause-of-death section. These are Items 34 through 56. Advanced registered nurse practitioners (ARNP), physician's assistants, chiropractors and osteopathic physicians also have the legal authority to pronounce death and complete the cause-of-death portion of the death certificate.

The informant should be the person in the following order of preference:

1. Decedent's spouse
2. Decedent's parent
3. Decedent's child
4. Other relative
5. Other person who has knowledge of the facts

Completion of the cause-of-death in order of preference:

1. Pronouncing or attending physician
2. Physician in attendance at death
3. Coroner
4. Medical examiner
5. Prosecuting attorney
6. Health officer

Appropriate Resources for a Medical Certifier

1. Hospital records
2. Physician records
3. Coroner records
4. Medical examiner records

Death and Fetal Death Registration Handbook

General Instructions

Guidelines for Completion of Records

Death and Fetal Death Certificates

Death certificates are permanent legal records. It is essential that the certificate is prepared accurately. The following are guidelines to be used in completing death or fetal death certificates.

- Use the current certificate form designated by the State Registrar.
- Use only black ink when typing certificates. If a typewriter or computer cannot be used, print legibly in permanent black ink. Black or unfading ink is required since it provides clearer certified copies (WAC 246-490-039).
- Use the worksheet to complete each item by following the specific instructions for that item.
- Verify the spelling of names with the informant. Be especially careful with names that can have different spellings for the same sound, e.g., Smith or Smyth; Gail or Gayle, Christina or Kristina, John or Jon.
- Use original signatures only. Rubber stamps or other facsimile signatures are not acceptable, except for local registrars.
- Use dry line or correction tape if you do make a correction before the certificate is filed. Do not use erasers or noticeable cover up markings such as white out.
- Obtain cause-of-death information. Refer to the CHS Policy CHS-D3 “Referral of Cases to County Medical Examiner’s or County Coroner’s Offices” (Appendix A).
- File the original certificate with the local registrar within three (3) days after the death. Reproductions, photocopies or duplicates are not acceptable.
- Refer problems not covered in these instructions to the local registrar or the Center for Health Statistics.

Presumptive Death Certificate

The coroner, medical examiner, prosecuting attorney or health officer files a presumptive death certificate with the local registrar when, to the best of his or her knowledge, there is sufficient circumstantial evidence to indicate a person has died as a result of an accident such as drowning, or natural disaster such as a flood, earthquake, volcanic eruption, or similar occurrence, and it is unlikely the body will be recovered.

Death and Fetal Death Registration Handbook

General Instructions

If the county of death cannot be determined with certainty, the coroner, medical examiner, prosecuting attorney, or health officer in the county where the event occurred and where the decedent was last known to be alive may issue a presumptive death certificate.

The Presumptive Death Certificate must state the following:

1. The presumed decedent's name
2. The presumed date of death
3. The presumed place of death
4. The circumstances of death.

Obtain as much information about the decedent as possible for filing a Presumptive Death Certificate. It is a legally accepted fact of death. The official issuing the presumptive death certificate must file it with the local registrar.

If the body is later found, these procedures must be followed:

1. The coroner completes and files a death certificate with the local registrar, showing the updated information.
2. The local registrar voids the presumptive death certificate if they haven't sent the original death certificate to CHS and registers the standard death certificate. This may involve voiding the presumptive certificate in one jurisdiction and filing a standard death certificate in another jurisdiction, including other counties or states. The local registrar must inform the Center for Health Statistics that a possible presumptive death certificate was filed. This allows CHS to void the presumptive death certificate and file the standard death certificate.

Burial-Transit-Permits

The funeral director or person acting as such must obtain a burial transit permit from the local registrar before he or she:

- Removes human or fetal remains from Washington State
- Buries the human or fetal remains in a grave, crypt, mausoleum or tomb
- Cremates the human or fetal remains

Death and Fetal Death Registration Handbook

General Instructions

- Releases human or fetal remains for scientific or educational study
- Disposes of the human or fetal remains in any other manner.

The rationale for this requirement is to avoid the possibility of destroying evidence of foul play and to ensure proper identification of human remains before final disposition.

The burial transit permit must accompany the remains to their place of final disposition, where human remains are presented to the sexton or person in charge of the cemetery or crematory. The sexton must complete the date, place, and type of disposition and sign the sexton portion. The sexton must return the burial transmit permit to the registrar of the county in which the cemetery is located within 10 days from the date-of-disposition. **When no person is in charge of the place of final disposition**, the funeral director must write “no person in charge” on the front of the burial transit permit, sign and date it and return the burial permit to the local registrar within 10 days.

Notice of Removal Forms

(Use the Notice of Removal form when taking the human remains from the county of death to another county of disposition within Washington State.)

A funeral director may remove a body from the county of death within the state without filing a death certificate and obtaining a burial-transmit permit. However, the director must mail, fax or take a *Notice of Removal* form to the local registrar in the county where the death occurred. The funeral director must file the *Notice of Removal* within 24 hours after removing the decedent. This notifies the local registrar that a person has died in their county and they will be expecting a death certificate from that funeral director. When the funeral director resides in a county (other than the county of death), the director may file the death certificate with his or her local registrar and receive the burial-transit permit. The funeral director's local registrar will then mail the death certificate to the local registrar where the death occurred.

The *Notice of Removal* is not a permit to bury, cremate, or remove the remains from Washington State. It does not replace a burial transit permit. It merely allows the human remains to be removed from one district or county to another prior to final disposition. The funeral

Death and Fetal Death Registration Handbook

General Instructions

director must still obtain a burial transit permit from the local registrar in the county where disposition will take place (RCW 70.58.230, 240).

There are two options for a Funeral Director when he or she removes human remains from another county.

1. File a complete and accurate death certificate with the local registrar in the county of death before the removal and receive that same day the burial transit permit which will accompany the remains as it is transported from the county of death. The funeral director must see that the cause-of-death section on the death certificate is completed prior to filing it with the local registrar.
2. File or mail a *Notice of Removal* form with the local registrar **in the county of death within 24 hours** after removing the body.
 - (a) If choosing this option, the funeral director completes a *Notice of Removal*. This document allows the funeral director to move human remains from one county to another county without a burial transit permit if he or she has filed a *Notice of Removal* with the local registrar in the county where the death occurred.
 - (b) The *Notice of Removal* contains the name and address of the local registrar where the death certificate will be filed. When the funeral director goes into another county to remove the remains:
 - He or she files the *Notice of Removal* with the local registrar in the county of death (see the options above).
 - He or she then files the death certificate with his or her own local registrar.
 - He or she will present the death certificate to his or her local registrar for review and completeness. The local registrar will then issue a burial transit permit to the funeral director.
 - The local registrar will mail the death certificate to the local registrar where the death occurred if the death occurred in another county.

Death and Fetal Death Registration Handbook

General Instructions

- The funeral director must obtain certified copies of the death certificate from the local registrar in the district where the death occurred.

Final Disposition of Human Remains or Fetal Remains

The death and fetal death certificates contain certain information about the disposition of human or fetal remains. The funeral director completes all items regarding the disposition prior to filing the certificate with the local registrar.

The right to control the disposition of human or fetal remains and the duty of the interment of such remains devolves upon the following in the order named unless the decedent expressed other directions.

1. The surviving spouse
2. The surviving adult children of the decedent
3. The surviving parents of the decedent
4. The surviving siblings
5. A person acting as a representative of the decedent under the signed authorization of the decedent (RCW 68.50.160)

Criteria for Burial at Sea

(This is the revision to the regulations and criteria for sea burials published by the Environmental Protection Agency, which governs the disposition at sea of cremated and uncremated human remains.)

All persons owning or operating a vessel or aircraft registered in the United States or flying the United States flag, and all departments, agencies or instrumentalities of the United States, must obtain a general permit to transport human remains from any location for the purpose of burial at sea subject to the following conditions:

- Human remains shall be prepared and buried in accordance with the accepted practices and requirements deemed appropriate by the United States Navy, Coast Guard or civil authority charged with the responsibility of making such arrangements.
- The burial at sea of remains that are not cremated shall take place no closer than three nautical miles from land, in water no less than 100 fathoms (600 feet) deep except in waters from Cape Canaveral to St. Augustine, Florida, off the Dry Tortugas and in waters from Pensacola, Florida to the Mississippi Delta,

Death and Fetal Death Registration Handbook

General Instructions

in which case burial must be interred no less than 300 fathoms (1,800 feet) deep.

- Federal regulation allows for cremated remains to be buried in or on ocean waters without regard to the depth. Ocean waters are outside of three miles from the coastal lands. Washington State permits scattering human remains inside this three-mile boundary.
- Flowers and wreaths made of readily decomposable materials may also be placed in or on ocean waters with the remains.
- All burials conducted under the general permit issued by the Department of Navy must be reported to the administrator of the Department of Navy from which the vessel carrying the remains departed.

Under certain circumstances, the U.S. Navy will perform sea burials for veterans. The local Naval District must be contacted as to proceedings. Funeral directors can expect a four to six week wait for this service, which is dependent upon the availability of a ship leaving port.

Amending Certificates

The Local Registrar may correct a death certificate. They may obtain an *Affidavit for Correction* from their Local County Health Department or the Center for Health Statistics.

An *Affidavit for Correction* must be submitted for all corrections. Corrections may be initiated by the following individuals as listed below.

The Funeral Director may correct all items except the medical portion. They may correct the marital status if they have an unaltered death certificate worksheet that shows the correct information.

The Informant or executors/administrators (if evidence confirming such position is presented) may correct all items except the medical portion and date of death. The medical portion is the section the certifier completes.

The Certifier may correct the cause-of-death or date of death and any other medical information. The certifier may be a physician, physician's assistant, chiropractor, osteopath, advanced registered nurse practitioner (ARNP), medical examiner, coroner, prosecuting attorney or health officer.

Death and Fetal Death Registration Handbook

General Instructions

Exceptions: When someone wants to change the entire name of the decedent, the certifier must initiate a correction with an *Affidavit for Correction*.

When the coroner or medical examiner states the cause-of-death as “*pending investigation*” or “*pending*,” and the cause-of-death is later determined, the coroner or medical examiner must complete and sign an Affidavit for Correction to correct the certificate.

When the funeral director makes an error on the certificate regarding the personal information, the **funeral director must complete** an Affidavit for Correction and **file it with the local registrar**. The local registrar will make the correction on the certificate as long as the local registrar has the original death certificate. If the local registrar has already mailed the original death certificate to the Center for Health Statistics, the funeral director must send the *Affidavit for Correction* to CHS at the following address (RCW 70.58.030, 190):

ATTN: Death Corrections
Center for Health Statistics
P.O. Box 47814
Olympia WA 98504-7814

Disinterment Permits

Human remains may be removed from a cemetery plot with the consent of cemetery authority and written consent from one of the following, in the order named:

- Surviving spouse of the decedent
- Surviving children of the decedent
- Surviving parents of the decedent
- Surviving brothers or sisters of the decedent

If the cemetery authority does not give their consent, the next of kin can petition the superior court of the county of burial for permission of disinterment.

The Center for Health Statistics provides the local registrars with the *Disinterment Permit* forms (DOH 110-018). A family member or any person who wishes to remove human remains from one county to another county is required to obtain a *Disinterment Permit* from the local registrar in the county where the death occurred. When human remains are shipped out-of-state, the person making the request is required to obtain a burial transit permit from the local registrar.

Death and Fetal Death Registration Handbook
General Instructions

If one of the above consents cannot be obtained, the Superior Court of the county where the cemetery is situated may grant permission. In any case, the consent shall not violate the terms of a written contract or the rules and regulations of the cemetery authority or the Funeral and Cemetery Office. A person is required to give the court notice of application at least 10 days before the removal of remains when notice is given in person or 15 days notice is given by mail.
(RCW 70.58.230; 68.50.200; 68.50.210; 68.50.220 WAC 248-40-050)

A Disinterment Permit is not required under the following conditions:

1. When the remains are moved from one plot to another in the same cemetery
2. When the remains are removed by a cemetery authority because the purchase price is not paid or past due
3. When the remains are disinterred by order of the court or coroner. (RCW 68.50.200).

Death and Fetal Death Registration Handbook
Duties of the Local Registrar and
Center for Health Statistics

Duties of the Local Registrar

Local registrars must carefully examine each death and fetal death certificate received for registration. The following elements are examined before accepting the certificates:

1. Does the death date and birth date match age at death?
2. Is the writing or printing legible and in permanent black ink or typed in black ink?
3. Are all sections of the certificate completed? If a particular item is not known, “Unknown” should be entered. If the item is known at a later time, the funeral director, physician, medical examiner or coroner completes an *Affidavit for Correction* and the local registrar or state registrar will make the correction on the certificate.
4. Is the cause-of-death section complete and legible?
5. Is the cause-of-death known or suspected of having been caused by injury or poisoning? If yes, notify the coroner or medical examiner regarding this particular death.

The local registrar refers cases with the following causes to the medical examiner or coroner if they appear on the death certificate:

| | |
|--|--------------------------------|
| Asphyxia | Bolus |
| Choking | Exsanguination |
| Fracture | Fall |
| FX ORIF (open reduction of fracture) | Overdose |
| Remote or old injuries (traffic, neck, etc.) | Surgery or surgical procedures |
| Unknown | |

The local registrar refers the following cases if they appear without any underlying cause:

| | |
|-------------------|------------------------|
| Cardiac arrest | Cardiopulmonary arrest |
| Embolus | Pneumonia |
| Pulmonary arrest | Respiratory arrest |
| Sepsis | Subarachnoid hematoma |
| Subdural hematoma | Sudden death |
| Old age | Failure to thrive |
| Starvation | |

When the death certificate is incomplete or inaccurate, the local registrar should contact the funeral director regarding the missing information and withhold the burial transit permit until the certificate is complete and accurate.

Death and Fetal Death Registration Handbook
Duties of the Local Registrar and
Center for Health Statistics

When the death certificate is properly completed, the registrar shall issue a burial transit permit to the funeral director or person acting as such. The registrar must enter the “date received” in Item 58 even when the death did not occur in their county. When the death certificate is filed in a county other than the county of death, the local registrar does not sign in Item 57. The local registrar in the county of death completes Item 57.

The local registrar is required to transmit original death and fetal death certificates to the state registrar 30 to 60 days after the certificate was registered. The local registrar should use Transmittal Form (DOH 110-016) when mailing the death certificates to CHS or requesting blank death certificates. Send the certificates and transmittal forms to:

ATTN: Death Registration
Center for Health Statistics
P.O. Box 47814
Olympia WA 98504-7814

The local registrar may issue a certified copy of the death or fetal death certificate upon request and receipt of the appropriate fee as mandated in RCW 70.58.030, 107.

Duties of the Center for Health Statistics

The State Registrar administers the death and fetal death registration system under laws and regulations of Washington State. The Center for Health Statistics places death and fetal death certificates on permanent file after they have been accepted for filing (RCW 43.20A.625; 70.58-030; 040, 055, 160).

The State Registrar also issues certified copies of the death and fetal death certificate upon request and receipt of the appropriate fee as mandated in RCW 70.58.107.

Death and Fetal Death Registration Handbook

Frequently Asked Questions

Frequently Asked Questions

1. Who completes a death certificate?

The funeral director or person in charge of interment is required to complete the blue sections including *Decedent*, *Decedent's Parents and Disposition* sections. The physician last in attendance, the medical examiner or coroner completes the green section including “*certifier*” and the “*cause-of-death*” section. If there is no physician to certify the cause-of-death, the funeral director or person in charge of interment is required to notify the following people in order of statutory preference: coroner, medical examiner, prosecuting attorney or the health officer in the county of death (RCW 70.50.180)

Hospitals and other medical facilities may assist the funeral director in obtaining the information needed to complete the death certificate when the death occurred in that medical facility. In such cases, the physician last in attendance will usually complete the cause-of-death section and sign the certificate at the hospital or other institution. It is the funeral director's responsibility to verify the personal information with the family, obtain and enter any information that has not been completed and file the certificate within three days. When the physician last in attendance is not available at the time of death to certify the cause-of-death, another physician on duty at the hospital or other facility may pronounce the decedent legally dead and may authorize release of the body to the funeral director. In such cases, this physician will certify the cause-of-death within the statutory three-day time period or the case may be referred to the coroner or medical examiner. An advanced registered nurse practitioner (ARNP), physician's assistant, chiropractor or osteopathic physician may certify the cause-of-death. In rare circumstances, when the case is not referred to the coroner or medical examiner, the local health officer may sign and state “pending” for cause-of-death. The certifying physician must complete a correction affidavit at a later date to add the cause-of-death.

By law, the physician last in attendance is responsible for certifying the cause-of-death. In most cases, this physician will pronounce death and certify the cause-of-death. Only when this physician is unavailable to certify the cause-of-death at the time of death, will another physician certify the cause-of-death. The physician who certifies the cause of death must sign Item 48a, Certifying Physician. If the case is referred to the coroner or medical examiner, they must sign in Item 48b. (RCW 70.58.170, 180).

Death and Fetal Death Registration Handbook

Frequently Asked Questions

2. Can an apprentice funeral director sign a death certificate?

Only licensed funeral directors and embalmers can sign the death certificate as the representative of the funeral establishment.

Apprentices are not licensed funeral directors, but are employed to assist funeral directors to fulfill requirements to become licensed. Thus, a person serving an apprenticeship may only assist the funeral director. They are not authorized to sign the death certificate. This does not, however, prohibit apprentices from assisting the funeral director in preparing and filing the death certificate as long as the funeral director signs the document.

3. Can a licensed funeral director from another state sign a Washington death certificate?

The current practice by the Washington, Oregon and Idaho State Registrars is to accept death certificates signed by licensees from these other states when that licensee is handling the disposition of the deceased. This situation occurs when a death occurs in one state and the funeral home handling the disposition is from one of the other states.

4. Who can sign the certification section on the death certificate?

- a) The physician last in attendance or, if the deceased died without attendance, the coroner, medical examiner, prosecuting attorney or health officer having jurisdiction (RCW 70.58.170).
- b) Osteopathic physician: “All persons granted licenses or certificates under this chapter shall be subject to the state and municipal regulations relating to the control of contagious diseases, the reporting and certifying to births and deaths, all matters pertaining to public health; and all such reports shall be accepted as legal” (RCW 18.57.150).
- c) Chiropractor: “Chiropractic practitioners shall observe and be subject to all state and municipal regulations relating to the control of contagious and infectious diseases, sign death certificates and any and all matters pertaining to public health, reporting to the proper health officers the same as other practitioners” (RCW 18.25.080).
- d) Physician’s assistant can sign a death and fetal death certificate and “certify the cause-of-death according to his or her best knowledge and belief” as stated in RCW 70.58.170, 180. A physician’s assistant can sign and attest to “any document that might ordinarily

Death and Fetal Death Registration Handbook

Frequently Asked Questions

be signed by a licensed physician, to include but not limited to such things as birth and death certificates” (WAC 246-918-130).

- e) Advanced Registered Nurse Practitioner (ARNP) can sign death and fetal death certificates and certify the cause-of-death according to his or her best knowledge and belief (RCW 70.58.170, 180).

5. Can the coroner or medical examiner add a cause-of-death or change the cause-of-death after the physician has signed and certified the cause-of-death?

When a physician is in attendance at the time of death, that physician will certify the cause-of-death. However, there may be circumstances when the coroner or medical examiner has jurisdiction over the human remains of the deceased individual even when a physician is in attendance. If a coroner or medical examiner is taking jurisdiction, they must sign the death certificate as the certifier. This physician should be notified of this (RCW 68.50.010).

A situation may arise when the coroner or medical examiner disagrees with the cause of death supplied by the physician last in attendance. If after further investigation, the coroner or medical examiner finds that the cause-of-death determined by this physician is inaccurate; the most reasonable solution is to request that the physician review the investigation findings and amend the cause-of-death to reflect the additional information. The coroner or medical examiner is not authorized to overrule or amend the cause-of-death determined by a physician without also assuming the responsibility for certifying the cause-of-death. When the physician does not agree with the coroner or medical examiner’s determination regarding the cause-of-death, the Local Registrar

Death and Fetal Death Registration Handbook

Frequently Asked Questions

should inform the physician that their name as the certifier is removed, and the coroner or medical examiner must sign the certificate, certifying the cause-of-death.

6. Who files a death certificate and where is it filed?

The funeral director or person in charge of interment files the death certificate with the local registrar in the district in which the death occurred. See *Notice of Removal* section. When the place of death is not known, the funeral director files the death certificate with the local registrar in the county in which the human remains were found (RCW 70.58.160).

When death occurs in a moving conveyance in the United States and the human remains are first removed from the conveyance in Washington State, the death certificate is registered in Washington State. The place from where the human remains were first removed is considered the place of death. When death occurs on a moving conveyance while in international waters, air space or in a foreign country and the human remains are first removed from the conveyance in Washington State, the death is registered in Washington State. The certificate must show the actual place of death if this can be determined.

7. When does the death certificate need to be filed?

The funeral director or person in charge of interment is required to file the death certificate within three (3) days of the date of death.

When the cause-of-death cannot be determined within three days, the funeral director is required to file the death certificate. The physician, medical examiner or coroner is required to check “*pending*” in Item 38 and may either leave Item 34 blank or write “*pending investigation*” in Item 34, in pencil. This fulfills the medical certifier’s requirement to give the local registrar a written notice stating the reason for the delay in providing the cause-of-death. This allows the local registrar to issue a burial transit permit for disposition. As soon as the cause-of-death is determined, the physician, medical examiner, coroner or prosecuting attorney is required to promptly file an *Affidavit for Correction* with the local registrar in the district in which the death occurred or with staff at CHS after the local registrar sends the death certificate to CHS (RCW 70.58,180, 190).

Death and Fetal Death Registration Handbook
Frequently Asked Questions

8. Is it legal for a family (next of kin) to handle the disposition of the remains of a relative, including preparing and filing the death certificate?

The next of kin can sign the death certificate in the ‘funeral director’ space on the form. They must follow the procedures and requirements on how to handle human remains as stated in WAC 246-490-040, 050, 060 and follow all the funeral director requirements stated in Chapter 70.58 RCW. Burial must take place in a dedicated cemetery unless the human remains are cremated. Only a licensed facility can cremate remains.

9. Who completes a fetal death certificate?

The funeral director or person in charge of interment is required to complete the fetal death certificate. If the fetal death occurred in a medical facility, the medical facility may assist the funeral director in obtaining the information needed to complete the fetal death certificate. Usually, this is a person from Medical Records or the Birth Center section of the hospital (see Question 1 above). The funeral director completes any items not completed by hospital staff and obtains the physician or midwife’s certification, cause-of-death and the medical data pertaining to the delivery (RCW 70.58.170).

10. Who files the fetal death certificate and where is it filed?

The funeral director or the person in charge of interment is required to file the fetal death certificate with the local registrar in the district in which the fetus was delivered. A certificate is filed for a fetus of 20 weeks or more gestation (RCW 70.58.160, 170).

11. When is the fetal death certificate filed?

The funeral director is required to file the fetal death certificate within three days of delivery when there is no evidence of life at the time of delivery. The certificate is filed for a fetus of 20 or more week’s gestation. The physician determines the gestational age of the fetus (RCW 70.58.160).

NOTE: When there is a pulse or some evidence of life at the time of delivery and the infant dies, regardless of gestation age, the hospital is required to complete a birth certificate, and the funeral

Death and Fetal Death Registration Handbook

Frequently Asked Questions

director is required to complete a death certificate for that live birth.

12. Who is responsible for disposition of fetal humans remains?

Fetus 20 or more weeks' gestation: The fetus must be treated as human remains. The funeral director is required to complete the fetal death certificate and file it with the local registrar. The local registrar will review the certificate for completeness and issue a burial transit permit to the funeral director.

Fetus under twenty weeks' gestation: The Department of Health does not regulate this issue. However, the family has the option to involve a funeral director and dispose of the fetal remains by either cremation or burial. Hospitals needing further information should call the Funeral and Cemetery Board Licensing Unit at the Department of Licensing.

13. When do you file a Report of Induced Termination of Pregnancy form instead of a Fetal Death Certificate?

A Report of Induced Termination of Pregnancy form is completed for every induced termination of pregnancy performed regardless of whether surgical or medical (non surgical) procedures are used.

When a Fetal Death Certificate and a Report of Induced Termination of Pregnancy are filed for fetuses with gestational ages 20 weeks' or more, the Center for Health Statistics records only the Report of Induced Termination.

14. Can a parent receive a certified copy of the fetal death certificate?

Parents who wish to have a copy of the fetal death certificate may request a copy from the local registrar within 30 to 60 days of the delivery. After the local registrar files the Fetal Death Certificate with the state registrar, the parents may obtain a certified copy of the certificate from the Center for Health Statistics.

When parents request a certified copy of a fetal death certificate for a fetus less than 20 weeks, the hospital may complete the certificate and file it with the local registrar. The local registrar may issue a certified copy to the parent or parents and maintain the original certificate in their files. The local registrar does not file the certificate with the Center for Health Statistics.

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

The Decedent
(Items 1-23)

Item 1 – Decedent’s Legal Name

(This item identifies the decedent. This is the most important item on the certificate for legal and personal use by the family. There are alternate spellings to many names, and it is critical for the family to have the name spelled correctly.)

Enter the legal first, middle and last name of the decedent before entering any other names. Do not abbreviate. Include any other names the decedent used, if different from the legal name. List the alias (also known as) if it is substantially different from the decedent’s legal name. Record the alias name with AKA preceding the name (see example below).

AKA Example

| | | | | | |
|---------------|---|------------------------------|------------------|--------------------------------|---------------|
| Part 1 | 1. Legal Name (Include AKA's if any) | | | | |
| | | First | Middle | LAST | Suffix |
| | AKA | Samuel Mark | Langhorne | Clemens Twain | |

AKA does not include:

- Names that mean the same as the original name, such as Jonathon AKA John, or William AKA Billy
- Nicknames, unless used for legal purposes or at the family’s request
- Spelling variations of the first name
- Presence or absence of middle initial
- Presence or absence of punctuation marks or spaces
- Variations in spelling of common elements of the surname, such as “Mc” and “Mac” or “St.” and “Saint.”

Initials

If the informant indicates that the person uses a first initial such as “E. Charles Jones,” try to obtain the whole first name.

If the first name can be obtained, enter the whole first name. If not, enter just the initial followed by a period.

If the informant indicates two initials and a surname such as “H.S. Green,” determine if these are a first and middle initial, or two first initials with no middle name or initial. Try to obtain the whole name(s).

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

If the names can be obtained, enter the whole names in the appropriate spaces. If there are no whole names, then enter the initials in the appropriate spaces. Follow each initial by a period.

No first or middle names (infants)

When an infant dies and the parents do not name the baby, enter “Baby boy” or “Baby girl” in the first name field and enter the parents’ last name in the last name field.

Religious names and titles

If there is a title preceding the name, such as “Doctor,” do not enter the title in any of the name fields.

For religious names such as “Sister Mary Lawrence,” enter “Sister Mary” in the first name field.

Item 2 – Death Date

(This item is used to identify the date the decedent was legally pronounced dead. Epidemiologists also use date of death in conjunction with the cause of death information for research on intervals between injuries, onset of conditions and death.)

Enter the month, day, and 4-digit year that the decedent was pronounced dead.

Example for known date of death (MM/DD/YYYY)

| | | | | | | | | | |
|---------------|--------------------------------------|--|--|--|-------|--------|------|--------|---|
| Part 1 | 1. Legal Name (Include AKA's if any) | | | | First | Middle | LAST | Suffix | 2. Death Date 12/31/2003 |
| | | | | | | | | | |

Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. Pay particular attention to the entry of month, day, or year when the death occurs around midnight or on December 31. For instance, the date for a death that occurs at midnight on December 31 is recorded as December 31. A death that occurs after midnight (New Year’s Eve) is recorded as January 1 (current year).

If the exact date of death is unknown, the person completing the medical certification should approximate the date. Place “Approx.” before the date. When an accident date is known and the body is found later, use the true accident date as the date of death. When the date is not known or approximated and the remains are found later, enter “Found” and the date the human remains were found.

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

Example for “Approximate” date of death:

| | | |
|---------------|---|---|
| Part 1 | 1. Legal Name (Include AKA's if any) First Middle LAST Suffix | 2. Death Date Approx. 05/09/2003 |
| | | |

Example for “Found” date of death:

| | | |
|---------------|---|---|
| Part 1 | 1. Legal Name (Include AKA's if any) First Middle LAST Suffix | 2. Death Date Found 06/08/2003 |
| | | |

Example for “Presumed” date of death.

| | | |
|---------------|---|--|
| Part 1 | 1. Legal Name (Include AKA's if any) First Middle LAST Suffix | 2. Death Date Presumed 07/15/2003 |
| | | |

When someone is presumed dead, enter “Presumed” and date of death.

Item 3 – Sex (M/F)

(This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.)

Enter male or female based on observation. If sex cannot be determined after verification with medical records, inspection of the human remains, or other sources, enter “Unknown”. **Do not leave this item blank.**

Items 4a – 4c – Age

(Information from these items is used to study differences in age-specific mortality and to plan and evaluate public health programs.)

Make one entry only in Item 4a, 4b, or 4c, depending on the age of the decedent. Place age in the appropriate unit box.

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

Item 4a – Age – Last Birthday (Years)

Enter the decedent's exact age in years at his or her last birthday. If the decedent was under 1 year of age, leave this item blank. When the informant says the decedent's age is about ____ years, enter those years. For example, when the informant says "about 90 years," enter "90" years.

Item 4b – Under 1 Year (Months, Days)

Enter the exact age in either months or days at time of death for infants surviving at least one day.

If the infant was between one and 11 months of age, enter the age in completed months. If the infant was less than one month old, enter the age in completed days. If the infant was over one year or under one day of age, leave this item blank.

Item 4c – Under 1 Day (Hours, Minutes)

Enter the exact number of hours or minutes lived for infants who did not survive an entire day.

If the infant lived between one and 23 hours, enter the age in completed hours. If the infant was less than one hour old, enter the age in minutes. If the infant was more than one day old, leave this item blank.

Item 5 – Social Security Number

(This item is useful in identifying the decedent and facilitates the filing of social security claims.)

Enter the decedent's 9-digit social security number. Read the number back to the informant regarding the correct social security number or check against the document from which it is being copied. Errors frequently occur on this item.

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

Item 6 – County of Death

(Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a medical examiner or coroner. This information is also used to compile county level statistics on Washington State deaths by occurrence.)

Enter the name of the county where death occurred. When human remains are found, enter the county in which the remains were found, unless there is evidence that the death occurred in another county.

If the death occurred on a moving conveyance (e.g., train or bus) in the United States and the remains were first removed from the conveyance in Washington State, complete a Washington State death certificate and enter the county of death where the remains were first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the remains were first removed from the conveyance in Washington State, register the death in Washington State but enter the actual place of death as it can be determined.

This item must not be left blank or marked unknown.

Item 7 – Birthdate (Month, Day, Year)

(This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.)

Enter the exact month, day, and four-digit year that the decedent was born (MM/DD/YYYY). Compare to the date of death and age of last birthday for accuracy.

Item 8a – Birth Place (City, Town, or County)

Item 8b – Birth Place (State or Foreign Country)

(These items are used to match birth and death certificates of a deceased individual. Matching these records provides information from the birth certificate that is not contained on the death certificate and may give insight into conditions that led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.)

If the decedent was born in the United States, enter the name of the city, town or county in Item 8a and the name of the state in Item 8b. Abbreviation for the state is allowed. See Appendix E for state abbreviations. You may enter, if known, both city and county in Item 8a.

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

If the decedent was not born in the United States, enter the name of the city in Item 8a, country of birth in Item 8b whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in Canada, enter city or province in Item 8a.

If the decedent was born in a foreign country but the country is unknown, enter “Foreign-unknown” in Item 8b.

If no information is available regarding place of birth in both Item 8a and Item 8b, enter “Unknown” in both Item 8a and Item 8b.

Item 9 – Decedent’s Education

(This item is used to study the relationship between education and mortality which is valuable in medical studies of causes of death and in programs to prevent illness and death.)

Worksheet—Show the informant the education categories on the worksheet and ask the informant to choose the category that, to the best of his or her knowledge, describes the highest education level completed by the decedent. If the decedent was currently enrolled, mark the previous grade of highest degree received.

Worksheet example

| |
|--|
| <input checked="" type="checkbox"/> 8 th grade or less (Specify): 6th grade |
| <input type="checkbox"/> 9 th – 12 th grade; no diploma |
| <input type="checkbox"/> High school graduate or GED completed |
| <input type="checkbox"/> Some college credit, but no degree |
| <input type="checkbox"/> Associate degree (e.g., AA, AS) |
| <input type="checkbox"/> Bachelor’s degree (e.g., BA, AB, BS) |
| <input type="checkbox"/> Master’s degree (e.g., MA, MS, MEng, Med, MSW, MBA) |
| <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) |

Transfer the education item that is checked from the worksheet to the death certificate in one of the following ways:

- *8th grade or less (Specify):* specify the grade completed (e.g., 6th grade). Enter 6th grade on the death certificate.
- *9th-12th grade; no diploma:* enter the whole line “9th-12th grade; no diploma” on the death certificate.
- *High school grade or GED completed:* enter either “high school graduate” or “GED completed.”
- *Some college credit, but no degree:* enter the whole text “Some college credit, but no degree” on the death certificate.
- *Associate degree, Bachelor’s degree, Master’s degree, Doctorate, Professional degree:* spell out the degree on the death certificate. Abbreviations such as AA, BA, MA, PhD, or DDS, MD are not

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

acceptable. If the decedent was a dentist or lawyer, enter “Professional degree” on the death certificate.

Item 10 – Was Decedent of Hispanic Origin or Descent? (Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the “No” box if decedent was not Spanish/Hispanic/Latino.)

(Hispanics comprise a substantial population group within this country. Reliable data are needed to identify and assess public health problems of Hispanics. Information from Item 10 will permit the production of mortality data for the Hispanic community. Identifying health problems will make it possible to target public health resources to this important segment of our population.)

Hispanic refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor. Other Hispanic groups may be specified under “other.”

Ask the informant if the decedent is of Hispanic Origin. Show the informant the choices on the worksheet for this item.

Check the appropriate boxes in the listing on the worksheet. If the informant chooses more than one response, mark all boxes that apply; for example “Mexican” and “Cuban,” choose both responses. If the respondent indicates an ethnic origin not on the list, it should be recorded in the “Specify” space. Enter the informant’s response even if it is not a Hispanic origin.

Transfer answers from worksheet to death certificate: Enter the informant’s response to the decedent’s Hispanic origin exactly as to what is checked on the worksheet. If more than one box is checked, enter all responses to this item that are answered on the worksheet.

Worksheet example

| |
|---|
| <p>10. Was Decedent of Hispanic Origin? (Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the “No” box if decedent was not Spanish/Hispanic/Latino.)</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latina <input checked="" type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input checked="" type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify):</p> |
|---|

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

Death Certificate example

10. Was Decedent of Hispanic Origin?
(Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the “No” box if decedent was not Spanish/Hispanic/Latino.)

Yes, Mexican, Cuban

Item 11 – Decedent’s Race

(Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates.)

Each question, Race and Hispanic origin, should be asked independently. **Do not leave this item blank.**

Worksheet – Ask the informant to look at the worksheet and choose the appropriate race or races that the decedent thought him- or herself to be. Check all the appropriate race or races of the decedent that the informant chooses. If the informant chooses more than one race, check all that are reported. For example, if “Black” and “Chinese” are reported, check both boxes.

If American Indian is selected, **ASK:**

- Can you tell me with what tribe _____ was affiliated?
- Print the name(s) of the tribe(s) in the space provided
- If the informant does not know, enter “Unknown.”

American Indian and Alaska Native refer only to those native to North and South America (including Central America) and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Lumi, Yakama, etc.) for the American Indian or Alaska Native.

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be.).

Worksheet example

| | |
|--|---|
| <input type="checkbox"/> White | |
| <input checked="" type="checkbox"/> Black or African American | |
| <input checked="" type="checkbox"/> American Indian or Alaska Native | (Name of the enrolled or principal tribe): <u>Yakama</u> |
| <input type="checkbox"/> Asian Indian | <input checked="" type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Asian (Specify): _____ | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Other Pacific islander (Specify): _____ | |
| <input type="checkbox"/> Other (Specify): _____ | |

Death certificate example

| |
|--|
| 11. Decedent's Race(s) Black, Yakama, Chinese |
|--|

For Asians, enter the national origin of the decedent. For Asians check Asian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group.

For Pacific islanders check Native Hawaiian, Guamanian or Chamorro, Samoan, or Specify Other Pacific Island.

If more than one race is indicated, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian).

Transfer answers from worksheet to death certificate: Based on the worksheet information, enter the informant's response to the decedent's race exactly as written on the worksheet. If more than one race has been chosen, enter all selected; i.e., if both "Black" and "Chinese" are checked, enter both responses that are given on the worksheet (e.g., Black, Chinese).

If American Indian or Alaska Native is checked, transfer the name of the of the principal tribe to the Death Certificate (e.g., Lummi, Yakama, Nisqually, etc.). Enter only the name of the principal tribe on the Death Certificate. However, if the tribe is not specified, it is acceptable to enter "American Indian" or "Alaska Native."

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

Item 12 – Was the Decedent Ever in the U.S. Armed Forces?

(This item is used to identify decedents who were veterans. This information is of interest to veteran groups.)

If the decedent ever served in the U.S. Armed Forces, enter “Yes.” If not, enter “No.” If the medical examiner or coroner cannot determine whether the decedent served in the U.S. Armed Forces, enter “Unknown.”

Residence of Decedent

Items 13a – 13g

(This information is used to compile city, county, and state level statistics on Washington State deaths by residence.)

The residence of the decedent (state, county, city, and street address) is the place where his or her household was located, the place where the decedent actually resided, or where the person lived and slept most of the time. This is not necessarily the same as “home state,” “voting residence,” “mailing address,” or “legal residence.”

Do not enter addresses that are post office boxes or rural route numbers. Get the building number and “street” name for the residence address rather than the postal address.

Only enter a rural route number when there is no street name and number.
Only enter post office box if there is no street or rural route.

Temporary address

Never enter a temporary residence, such as one used during a visit, business trip, or a vacation. However, usual onshore place of residence during a tour of military duty is not considered temporary and should be entered as the place of residence on the certificate. Similarly, usual place of residence during attendance at college is not considered temporary and should be entered as the place of residence on the certificate.

If the decedent was living at a temporary residence for a minimum of six months, enter that address (e.g., a nursing home or adult care facility). If the decedent lived at a temporary residence for less than six months, enter the last known permanent residence.

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

Multiple residences

If the decedent lived in more than one residence (parent living in a child's household, children in joint custody, person owning more than one residence, or commuters living elsewhere while working), enter the residence lived in most of the year. If a child lived an equal amount of time in each residence, report the residence staying at when death occurred.

Institutions or group homes

If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, hospital for the chronically ill, long-term care facility, congregate care facility, foster home, or board and care home, enter this facility as the place of residence in Items 13a-13g.

Children

If the decedent was a child, residence is the same as that of the parent(s), legal guardian or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated above. In those instances the residence of the child is shown as the facility. Children residing at a boarding school are considered to live a parent's residence. Residence for foster children is the place they live most of the time.

Infants

If the decedent was an infant who never resided at home, the place of residence is that of the mother or legal guardian. Do not use an acute care hospital as the place of residence for any infant.

Item 13a – Residence: Number and Street (e.g., 624 SE 5th St; include Apt. number)

Enter the number and street name of the place where the decedent actually lived or where the decedent lived and slept most of the time.

If the "street" name has a direction as a prefix, enter the prefix in front of the street name. If the "street name" has a direction after the name, enter the direction after the name (e.g., South Main Street or Florida Avenue NW). Report the "street" designator (street, road, avenue, court, etc.).

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

Enter the apartment or room number associated with the residence.

Enter the building number assigned to the decedent's residence. If the number is unknown, enter "Unknown."

If the decedent was homeless, enter the residence as "Transient."

Item 13b – Residence—City or Town

Enter the name of the city, town, or location in which the decedent lived.

Item 13c. – Residence—County

Enter the name of the county in which the decedent lived. If the county is unknown, refer to the Washington State City/County Listing in Appendix D. If the decedent lived in Canada, enter the province.

If the decedent lived in any country other than the United States or Canada and its territories, leave this item blank.

Item 13d – Tribal Reservation Name (if applicable)

(The data will help describe health outcomes by reservation. Tribal communities will use the information to track mortality statistics for tribal reservations.)

If the decedent lived on a tribal reservation, enter the name of the reservation. If the decedent is a tribal member, but does not live on the reservation, do not enter the tribal name.

Item 13e – Resident—State or Foreign Country

Enter the name of the state in which the decedent lived. You may use the two-letter abbreviation such as WA for Washington. This may differ from the state in the mailing address (Appendix E). If the decedent was not a resident of the United States, enter the name of the country. If they were a resident of Canada, enter "Canada." If the state or country is not known, enter "Unknown."

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

Item 13f – Residence—Zip Code +4

(Mortality data by residence are used with population data to compute death rates for detailed geographic areas. These data are important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area. This information is also used to compile city-level statistics on Washington State deaths by residence. Information on Zip + 4 codes and whether the decedent lived inside the city limits is valuable for studies of deaths for small areas.)

Enter the Zip + 4 digit zip code of the place where the decedent lived. This may differ from the Zip + 4 zip code used in the mailing address. Canadian postal codes are permitted. The 9 digit zip code is preferred over the 5 digit Zip Code. If only the 5-digit zip code is known, report that. If the decedent was not a resident of the United States or its territories, leave this item blank.

Item 13g – Residence—Inside City Limits?

(This information is used to compile city-level statistics on Washington State deaths by residence.)

| |
|--|
| 13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
|--|

Worksheet – Check “Yes” if the location entered in Item 13b (city or town) is within incorporated boundaries. Check “No” if the city is not inside the city limits. Transfer worksheet information to death certificate. If it is not known if the residence is inside the city limits, check “Unk.”

Item 14 – Estimated Length at Residence

(Epidemiologists may use length of residence in conjunction with the cause-of-death for research on environmental hazards.)

Enter the number of years the decedent lived at the street address of residence listed in Item 13a. If the length of time is less than one year, enter the number of months. If the length of time is one year or more than one year, enter years only. Enter the years the decedent lived at their permanent residence if they have lived in a nursing home or long-term care facility less than six months. If the decedent lived at a nursing home more than six months, you may use the length of time they lived at the nursing home or other facility. If the time period is not known, enter “Unknown.” This item must not be longer than the age of the decedent.

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

Item 15 – Marital Status at Time of Death

(This information is used to determine differences in mortality by marital status.)

Worksheet example

| | | |
|-------------------------------------|---|----------------------------------|
| 15. Marital Status at Time of Death | | |
| <input type="checkbox"/> Married | <input type="checkbox"/> Married, but separated | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Never Married | <input type="checkbox"/> Unknown |

Transfer answers from worksheet to death certificate:

Item 15 on the death certificate must match one of the check boxes on Item 15 on the worksheet. If the decedent was married, check the married box on the worksheet and enter “Married” on the death certificate. If the decedent was single, check the box that states “Never Married” and enter “Never married” on the death certificate.

Enter the marital status of the decedent at time of death. Ask the informant and specify one of the following: married; married, but separated; never married; widowed; divorced; or unknown. Just because a spouse may be the informant does not preclude the possibility of “married, but separated.” A person is legally married even if separated. A person is no longer legally married when the judge signs the divorce decree.

- “Annulled and not remarried” and “never previously married” are considered “Never Married.”
- “Annulled and not remarried” and “married previously” are classified as how the previous marriage terminated (widowed, divorced).

If marital status cannot be determined, enter “Unknown.” **Do not leave this item blank.**

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

Item 16 – Surviving Spouse’s Name (Give name prior to first marriage)

(This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.)

If the decedent was married at the time of death, enter the full name of the surviving spouse.

If the surviving spouse is the wife, enter her full name prior to the first marriage (maiden name).

If the decedent was divorced, do not enter the name of the divorced spouse.

Occupation and Business/Industry of Decedent

Items 17 and 18

(These items are useful in studying job-related death and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer are possible with this information.)

These items are to be completed for all decedents regardless of age. Enter the information even if the decedent was retired, disabled, or institutionalized at the time of death. If the decedent was under the age of 18, enter Infant, Child or Student in the Occupation & Industry items. The Occupation & Industry entries must be very specific to determine exactly what type of work the decedent did. See Appendix G.

Item 17 – Usual Occupation (indicate type of work done during most of working life. DO NOT USE RETIRED)

(This information is useful in studying occupationally related mortality and to identify job-related risk areas.)

Enter the usual occupation of the decedent. This may not be the last occupation of the decedent. “Usual occupation” is the kind of work the decedent did during most of his or her working life, such as: claims adjuster, farmhand, fruit picker, coal miner, janitor, store manager, English professor, civil engineer, factory machine mechanic, office machine mechanic, psychiatric counselor. If the decedent was a teacher, specify elementary, high school, or college.

Even if the decedent has been retired for many years, it is important to know what their usual occupation was. If a person has lived long enough to be retired for many years, then this may be used to show that the particular occupation has little health risks (eliminating this information might bias the data to show higher health risks).

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent worked in someone else's home, enter "Housekeeper." If the decedent was a "Homemaker" during most of his or her working life, and never worked outside the household, enter "Homemaker."

Enter "Student" if the decedent was a student at the time of death and was never regularly employed during his or her working life. If the decedent was disabled and unable to work, enter "disabled."

Item 18 – Kind of Business/Industry (do not use company name)

Enter the kind of business or industry to which the occupation listed in Item 17 is related. The industry entry should be as specific as possible and distinguish between manufacturing (plywood mill, aluminum plant), sales (wholesale auto parts, grocery store), or service industries (dry cleaning, county clerk). Do not enter a company, firm or organization name if at all possible.

Examples:

- Item 17 Occupation: saw filers
- Item 18 Business/Industry: lumber mill

If the decedent was a homemaker during his or her working life, and "Homemaker" is entered as the decedent's usual occupation in Item 17, enter "Own home" or if Item 17 states "Housekeeper," enter "Someone else's home."

If the decedent was a student at the time of death and "Student" is entered as the decedent's usual occupation in Item 17, enter the type of school, such as high school or college, in Item 18.

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

Parents of The Decedent

Items 19-20

(The names of the decedent's mother and father aid in identification of the decedent's record. The mother's name prior to first marriage or maiden surname is important for matching the record with other records because it remains constant throughout a lifetime in contrast to other names which may change because of marriage or divorce. These items are also of importance in genealogical studies.)

Item 19 – Father's Name (first, middle, last, suffix)

Enter the first, middle, and last name of the father of the decedent. If the father's name cannot be obtained, enter "Unknown."

Worksheet – It is suggested that the medical examiner or coroner print the name the informant gives them and have the informant check the spelling before entering the name on the certificate.

If there appears to be more than one spelling of any name provided, and the correct spelling cannot be verified, use the most common spelling. The name must consist of English alphabetic characters and punctuation marks.

Item 20 – Mother's Name before First Marriage (First, Middle, Last)

Enter the first, middle, and (maiden) last name of the mother of the decedent used prior to first marriage. This is the name given at birth or adoption, not a name acquired by marriage. Compare to the father's name to assure that the mother's maiden name is used. This name is useful because it remains constant throughout life.

Item 21 – Informant's Name

(The informant is the person who gives the information about the deceased for the death certificate.)

Enter the name of the person who supplied the personal facts about the decedent and his or her family.

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

Item 22 – Relationship to Decedent

(This can help to determine the validity of facts and may help in cases where there are disputes of the information.)

Enter the relationship of the informant to the decedent. For example, this may be a husband, wife, parent, son, daughter, brother, sister, or friend.

Item 23 – Mailing Address – Number & Street or RFD No., City or Town, State, Zip

(The name and mailing address of the informant are used to contact the informant when inquiries must be made to correct or complete any items on the death certificate.)

Enter the complete mailing address of the informant whose name appears in Item 21. Enter the street and house number or rural route number and the city or town and state. Be sure to include the Zip Code. **This item cannot be marked unknown.**

Item 24 – Place of Death, if Death Occurred in a Hospital / Place of Death, if Death Occurred Somewhere Other than a Hospital

(This information is used to compile state level statistics on Washington State deaths by type of place.)

Worksheet – Check the box on the worksheet for the type of place where the decedent was pronounced dead.

| 24. If Death Occurred in a Hospital: | | | If Death Occurred Somewhere Other than a Hospital: | |
|--------------------------------------|--|---|--|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Emergency Room/ Outpatient | <input type="checkbox"/> Dead on Arrival | <input type="checkbox"/> Hospice Facility | <input type="checkbox"/> Nursing Home/Long Term Care Facility |
| | | | <input type="checkbox"/> Decedent's Home | <input type="checkbox"/> Other Specify): _____ |

Hospital

If the decedent was pronounced dead in a hospital, check the box indicating the decedent's status at the hospital: Inpatient, Emergency Room/Outpatient (ER), or Dead on Arrival (DOA). Hospitals are licensed institutions with medical staff providing diagnostic and therapeutic services to patients.

Non-hospital deaths

If the decedent was pronounced dead somewhere other than a hospital, check the box indicating whether pronouncement occurred at a Hospice facility, Nursing home/Long term care facility, Decedent's home, or Other location.

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

Hospice facility refers to a licensed institution providing hospice care (e.g., palliative and supportive care for the dying), not to hospice care that might be provided in a number of different settings, including a patient's home.

If death was pronounced at a licensed long-term care facility, check the "Nursing home/Long term care facility" box. A long-term care facility is not a hospital, but provides patient care beyond custodial care (e.g., nursing home, skilled nursing facility, long-term care facilities, convalescent care facility, extended care facility, intermediate care facility, residential care facility, congregate care facility).

If death was pronounced in the decedent's home, check the box that indicates decedent's home. A decedent's home includes independent living units such as private homes, apartments, bungalows, and cottages.

If death occurred at a son's home, licensed ambulatory/surgical center, orphanage, prison ward, public building, birth center, facilities offering housing and custodial care, but not patient care (e.g., board and care home, group home, custodial care facility, foster home), check "Other (Specify)." If "Other (Specify)" is checked, specify where death was legally pronounced, such as a son's home, licensed ambulatory/surgical center, orphanage, prison ward, public building, birth center, facilities offering housing and custodial care, the highway where a traffic accident occurred or a vessel.

If the place of death is unknown but the body is found in Washington State, enter the place where the body is found as the place of death.

Examples:

- Highway
- Washed up on beach 5 miles north of Aberdeen
- 2 miles south of Lake Cushman, Olympic National Park
- 1160 South Pine
- Mile Post 163 of I-90
- Northwest Airlines Flight #166 (in flight)
- At sea (give name of ship in Item 25)

Transfer the information to the Death Certificate exactly as it is given on the worksheet, i.e., when decedent's home is checked on the worksheet; enter decedent's home on the Death Certificate.

Item 25 – Facility Name (if not a facility, give number & street)

Enter the name and complete address of the facility where the decedent died. If they died at a hospital, enter the name of the hospital or the medical facility.

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

If the decedent died at home or their son's home, enter the address and street number.

If the decedent died at sea give the name of the ship (i.e. Artic Rose). If death occurred on an air plane, give the name of the airline (i.e. United Airlines).

Item 26a – City, Town, or Location of Death

(This information is used to compile city, state, zip code statistics on Washington State deaths by occurrence.)

Enter the name of the city, town or location where the decedent died. If the decedent died at a location, give the location. For example, if death occurred at sea (Item 24), enter "Pacific Ocean".

If death occurred as a result of an airplane crash, give the name of the location where the crash occurred. In Item 26a enter the city or town and in Item 26b enter the state. If the airplane left Washington State and crashed in another state, the state where the crash took place will complete the death certificate.

Item 26b – State

Enter the name of the state in which the decedent died. Use the two-letter abbreviation such as WA for Washington. If the decedent was not a resident of the United States, enter the name of the country. If the decedent was a resident of Canada, enter the name of the province if it is known.

Item 27 – Zip Code

Enter the Zip code of the place where the decedent died. Canadian postal codes are permitted.

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

The Disposition

Items 28-32

Item 28 – Method of Disposition

(This information indicates whether the body was properly disposed of as required by law. It also serves to locate the body in case exhumation, autopsy, or transfer is required later. Entombment is becoming an increasingly frequent method of disposition and this information is helpful in the event that the body is exhumed or disinterred. [Explains new check box])

Worksheet example

| | | |
|--|---|---|
| 28. Method of Disposition | | |
| <input type="checkbox"/> Burial | <input type="checkbox"/> Cremation | <input type="checkbox"/> Removal from State |
| <input type="checkbox"/> Donation | <input checked="" type="checkbox"/> Entombment | <input type="checkbox"/> Body not Recovered |
| <input type="checkbox"/> Other(Specify): _____ | | |

On the worksheet, check the box that corresponds with the method of disposition of the decedent's human remains. If you check "Other", specify the method of disposition on the line provided. Check "Body not recovered" when the death incident is fairly certain but the body is not found. For example, someone sees a person fall in a body of water (such as a lake, river, and ocean) the person never comes up out of the water.

When human remains are removed from the State before cremation takes place, check "Removal from state." If you know where the remains are to be buried, you may also check "Burial" and give the cemetery name in Items 29 and 30.

Transfer the exact information from the worksheet. If "Removal from state" is checked on the worksheet, enter "Removal" on the death certificate. If you know the remains are going to be moved to another state and you know burial will take place, check "Removal from State" and "Burial".

If method of disposition in Item 28 is "Pending", check "Other" and enter "Pending". Items 29, 30 and 32 may be left blank until disposition place and date are determined.

If human remains are cremated before they are taken out of state, check "Cremation." You may use the "Optional" portion on the Burial Transit Permit and give the family a copy to take with them when they take remains out of state.

If the human remains have been donated for use by a hospital or a medical or mortuary school for scientific or educational purposes, enter "Donation" and

Death and Fetal Death Registration Handbook
Death Certificated Part 1 – Completed by the Funeral Director

specify the name and location of the institution in Items 29 and 30.
“Donation” refers only to the entire body, not to individual organs.

Death certificate example

| | | |
|--|--|---|
| 28. Method of Disposition Donation | 29. Place of Disposition (Name of cemetery, crematory, other place) University of WA Medical School | 30. Location-City/Town, and State Seattle WA |
| 31. Name and Complete Address of Funeral Facility | | 32. Date of Disposition |

When a hospital disposes of a fetus, you may enter “Pathology department.”
Enter the date disposed in Item 32 and enter the hospital name and address in Items 29 and 30.

Death certificate example

| | | |
|--|--|---|
| 28. Method of Disposition Pathology Dept. | 29. Place of Disposition (Name of cemetery, crematory, other place) University of WA Medical School | 30. Location-City/Town, and State Seattle WA |
| 31. Name and Complete Address of Funeral Facility | | 32. Date of Disposition |

Item 29 – Place of Disposition (Name of cemetery, crematory, other place)
(Items 29-30 indicate whether the body was properly disposed of as required by law. It also serves to locate the body if in case exhumation, autopsy, or transfer is required later.)

Enter the name of the cemetery, crematory, or other place of disposition. If the human remains are removed from the state, specify the name of the cemetery, crematory, or other place of disposition to which the human remains are removed.

If the human remains are to be used by a hospital or a medical or mortuary school for scientific or education purposes, give the name of that institution.
If the hospital disposes of a fetus, enter hospital name.

This item may be left blank if the disposition in Item 28 is pending. However, the funeral director must add this information later by filing an Affidavit for Correction with the Local Registrar or the Center for Health Statistics when disposition is known. The death certificate must still be filed within three days of the date of death.

Item 30 – Location-City/Town, and State

Enter the name of the city or town and the state where the place of disposition is located. You may use a two-letter abbreviation for the state, such as WA for Washington. Refer to Appendix E for a list of State Abbreviations.

Death and Fetal Death Registration Handbook
Death Certificate Part 1 – Completed by the Funeral Director

If the body of the decedent has been donated for use by a hospital or a medical or mortuary school for scientific or educational purposes, enter the name of the city or town, and the state where that institution is located.

If Item 28 is “Pathology department” enter the address of the hospital in Items 29 and 30.

This item may be left blank if the disposition in Item 28 is pending. However, the funeral director must add this information later by filing an Affidavit for Correction with the Local Registrar or the Center for Health Statistics when disposition is known. The death certificate must still be filed within three days of the date of death.

If there are any questions about how to record the place of disposition, you can contact the State Registrar or the County Registrar.

Item 31 – Name and Complete Address of Funeral Facility

Enter the name and complete address of the facility handling the human remains prior to burial or other disposition. If a family member is acting as funeral director, enter “Family-home” and enter the complete home address. Enter street number, city, state and zip code.

Item 32 – Date of Disposition

Enter the month, day and 4-digit year of disposition (MM/DD/YYYY – 10/06/2003).

This item may be left blank if the disposition in Item 28 is pending. However, the funeral director must add this information later by filing an Affidavit for Correction with the Local Registrar or the Center for Health Statistics when disposition is known. The death certificate must still be filed within three days of the date of death.

Item 33 – Funeral Director Signature

A licensed funeral director shall sign the death certificate in permanent black ink. Rubber stamps or facsimile (fax) signatures are not permitted. An apprentice is not authorized to sign the certificate. If a family member is acting in place of a funeral director, a family member must sign in this space.

Death and Fetal Death Registration Handbook

Death Certificate Part 2 – Completed by the Certifier

Cause-Of-Death

(See Instructions and Examples)

Item 34 – Cause of Death

(The death certificate is the source for state and national mortality statistics and is used to determine which medical conditions receive research and the development funding, to set public health goals, and to measure health status at local, state, national, and international levels. The Center for Health Statistics publishes summary mortality data in the annual publication “Washington State Vital Statistics.” Mortality data for the report is available on the internet at <http://www.doh.wa.gov/ESH/PHL/CHS/CHS-Data/death/deatmain.htm>. Because statistical data derived from the death certificates can be no more accurate than the information on the certificate, it is very important that all persons concerned with the registration of deaths strive for accuracy and promptness in reporting these events. Furthermore, the potential usefulness of detailed specific information is greater than more general information.)

| Cause of Death (See instructions and examples) | | |
|---|----------------------------------|--------------------------------|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | a. _____ | Interval between Onset & Death |
| | Due to (or as a consequence of): | Interval between Onset & Death |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the | b. _____ | Interval between Onset & Death |
| UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | c. _____ | Interval between Onset & Death |
| | Due to (or as a consequence of): | Interval between Onset & Death |
| | d. _____ | Interval between Onset & Death |

Detailed instructions for this item, together with case records, are contained in the section on “Medical Certification of Death” in this handbook.

This section must be completed by either the attending physician (or the physician covering for him or her), the medical examiner, or the coroner. If the cause is “Pending investigation” or “Pending,” check Item 38 as “Pending” and return the Death Certificate to the Funeral Director.

The coroner or medical examiner has jurisdiction over the human remains of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within 36 hours preceding death.

The cause of death means the disease, abnormality, injury, or poisoning that caused the death, not the mechanism of death, such as cardiac or respiratory arrest, shock, or heart failure.

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

The immediate cause of death (final disease or condition resulting in death) is reported on line 34(a). Antecedent conditions, if any, that gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause (disease or injury that initiated events resulting in death) should be reported on the last line used in this item. No entry is necessary on lines 34(b), (c), and (d) if the immediate cause of death on line 34(a) describes completely the sequence of events. **ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE.**

Provide the best estimate of the interval between the onset of each condition and death. If the interval is not known, enter unknown or unk.

For statistical and research purposes, it is important that the causes of death and, in particular, the underlying cause-of-death be reported as specifically and as precisely as possible. The causes reported will be coded and tabulated in the statistical offices according to the latest revision of the International Classification of Diseases, Tenth Revision (ICD-10). By giving care and attention to the completion of the cause of death section, the medical certifier has the responsibility and the opportunity to make the statistics for both underlying and multiple cause of death reflect the best medical opinion.

Item 35 – Other Significant Conditions Contributing to Death

| |
|---|
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above |
|---|

In Item 35, enter all other important diseases or conditions that contributed to death but did not result in the underlying cause of death given in Item 34. More than one condition can be reported for this item.

More detailed instructions for this item, together with case records, are contained in the section on “*Medical Certification of Death*” in this handbook.

Item 36 – Autopsy

(An autopsy is important in giving additional insight into the conditions that lead to death. This information is particularly important in arriving at the immediate and underlying causes when the cause is not immediately clear.)

| |
|--|
| 36. Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

Check “Yes” if a partial or complete autopsy was performed. Otherwise, check “No.” **Do not leave this item blank.** If additional medical information or autopsy findings become available that would change the cause-of-death originally reported, the certifier needs to amend the original death certificate promptly by filing an Affidavit for Correction with the Local Registrar. If the

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

Local Registrar has filed the death certificate with the Center for Health Statistics, mail the Affidavit for Correction to the Center. The address is:

ATTN: Death Corrections
Center for Health Statistics
PO Box 47814
Olympia WA 98504-7814

Item 37 – Were Autopsy findings available to complete the Cause of Death?

(This information assists in determining whether, for the nine percent of cases for which an autopsy is done, the information was available to assist in determining the cause of death. Knowing whether the autopsy results were available for determining the cause of death gives insight into the quality of the cause-of-death data.)

| | |
|--|--|
| | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Check “Yes,” if the autopsy findings were available at the time that cause of death was determined. Otherwise enter “No.” Leave this item blank if no autopsy was performed.

Item 38 – Manner of Death

(In cases of accidental death, this information is used to justify the payment of double indemnity on life insurance policies. It is also used to obtain a more accurate determination of cause-of-death. Information from this item is used in conjunction with the cause-of-death to compile state, county and city-level statistics on accidents, suicide, homicide and undetermined causes of death.)

| | |
|---|---------------------------------------|
| 38. Manner of Death | |
| <input checked="" type="checkbox"/> Natural | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Undetermined |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Pending |

Complete this item for **all** deaths. Check the box corresponding to the manner of death. Deaths not due to external causes should be identified as “Natural.” Usually, these are the only types of deaths a physician will certify.

Check “Pending” in pencil if the manner of death cannot be determined to be accident, homicide, or suicide within the three day statutory time limit for filing the death certificate. This must be changed later to one of the other terms after manner of death is determined.

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

Check “Undetermined” ONLY when it is impossible to determine the manner of death.

Refer all deaths due to external causes such as when an accident, suicide, or homicide occurs to the medical examiner or coroner. If the medical examiner or coroner does not assume jurisdiction, the physician should check the appropriate manner of death and describe the injury and accident in Items 41 through 47.

Item 39 – If female

(This information is important in determining the scale of mortality amongst this population and will be of assistance with maternal mortality review programs.)

| | |
|---|--|
| 39. If female | |
| <input type="checkbox"/> Not pregnant within past year | <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death |
| <input type="checkbox"/> Pregnant at time of death | <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death |
| <input type="checkbox"/> Unknown if pregnant within the past year | |

If the decedent is a female, check the appropriate box. If the decedent is a male, leave this item blank. If the female is either too old or too young to be fecund, check the “Not pregnant within the past year” box. This item may be blank if the female is younger than 14 or older than 50 years.

Item 40 – Did tobacco use contribute to death?

(Information on smoking is used to identify groups at high risk and to identify groups or occupations in which nonsmokers may be at high risk of dying from respiratory disease.)

| | |
|---|-----------------------------------|
| 40. Did tobacco use contribute to death? | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Probably |
| <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Check “Yes” if, in **the physician’s, medical examiner’s, or coroner’s opinion**, any use of tobacco or tobacco exposure contributed to death. For example, tobacco use may contribute to deaths due to emphysema or lung cancer. Tobacco use also may contribute to some heart disease and cancers of the head and neck. Tobacco use should also be reported in deaths due to fires started by smoking. Check “No,” if, in the certifier’s opinion, the use of tobacco did not contribute to death.

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

Item 41 – Date of Injury (MM/DD/YYYY)

(Information about injuries is used for planning and evaluating injury prevention programs on the state and local level. The date of injury is used to determine if the death occurred because of a late effect of an old injury.)

Enter the month, day, and 4-digit year that the injury occurred. Estimates may be provided with “Approx.” placed before the date.

Note: The date of injury must be on or before the date of death.

Item 42 – Hour of Injury (24 hrs)

(Information about injuries is used for planning and evaluating injury prevention programs on the state and local level.

Enter the exact time that the injury occurred. Use 24-hour time. Use prevailing local time. If daylight saving time is the official prevailing time when death occurs, use it to record the time of death. Give an estimated time of injury when the exact time is impossible to determine. Enter “Approx.” before the time.

**Note: Midnight is 2400 hours
(Not 0000)**

0001 is the beginning of a new day

| 24-hour clock | 12-hour clock |
|----------------------|----------------------|
| 2400 | 12:00 p.m. midnight |
| 0100 | 1:00 a.m. |
| 0200 | 2:00 am |
| 0300 | 3:00 a.m. |
| 0400 | 4:00 a.m. |
| 0500 | 5:00 a.m. |
| 0600 | 6:00 a.m. |
| 0700 | 7:00 a.m. |
| 0800 | 8:00 a.m. |
| 0900 | 9:00 a.m. |
| 1000 | 10:00 a.m. |
| 1100 | 11:00 a.m. |
| 1200 | 12:00 a.m. noon |
| 1300 | 1:00 p.m. |
| 1400 | 2:00 p.m. |
| 1500 | 3:00 p.m. |
| 1600 | 4:00 p.m. |
| 1700 | 5:00 p.m. |
| 1800 | 6:00 p.m. |
| 1900 | 7:00 p.m. |
| 2000 | 8:00 p.m. |
| 2100 | 9:00 p.m. |
| 2200 | 10:00 p.m. |
| 2300 | 11:00 p.m. |

Death and Fetal Death Registration Handbook

Death Certificate Part 2 – Completed by the Certifier

Item 43 – Place of Injury

(Information about injuries is used for planning and evaluating injury prevention programs on the state and local level.)

Enter the general type of place where the injury occurred, such as decedent's home, vacant lot, restaurant, street, school, baseball field, office building, and construction site. Do not enter firm or organization names or street addresses.

Item 44 – Injury at Work?

(Information from this item is important to state and federal programs to prepare occupational mortality statistics and to plan programs to prevent work-related injuries.)

Fatal occupational injuries are specified below. Check "Yes" if the injury occurred while the decedent was at work.

If the injury did not occur at work, check the "No" box. If this cannot be determined, check "Unknown."

The Center for Health Statistics continually seeks to improve the quality of reporting for fatal occupational injuries. Refer to Appendix I for "Injury at Work" criteria.

Example

| Injury at work | Injury <u>not</u> at work |
|---|---|
| Injury while working or in vocational training on job premises | Injury while engaged in personal recreational activity on job premises |
| Injury while on break or at lunch or in parking lot on job premises | Injury while a visitor (not on official work business) to job premises |
| Injury while working for pay or compensation, including at home | Homemaker working at homemaking activities |
| Injury while working as a volunteer law enforcement official, etc. | Student in school |
| Injury while traveling on business, including to or from business contacts | Working for self for no profit (mowing yard, repairing own roof, hobby) |
| | Commuting to or from work |
| These guidelines were developed jointly by: The National Association for Public Health Statistics and Information Systems (NAPHSIS), the National Institute of Occupational Safety and Health (NIOSH), the Nation Center for Health Statistics (NCHS), and the National Center for Environmental Health and Injury Control (NCEHIC). For questions contact the Washington State Center for Health Statistics. | |

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

Item 45 – Location of Injury

(Locations of injuries are important to determine where injury prevention programs may need to focus.)

Enter the complete address where the injury took place including zip code. Fill in as many of the items as is known. If the injury took place at home, enter the street name and house number or rural route address including the city and state. If there is no street address where the injury took place, enter the best description of the location – see examples. A traffic fatality may not have a zip code.

Examples

- Washed up on beach 5 miles north of Aberdeen, plus the city, county, state
- I-5 near Milepost 155, plus the city, county, state
- Nisqually refuge, plus the city, county, state
- I-82 at Colombia River Bridge, plus the city, county, state
- Railroad crossing on Marvin Road, plus the city, county, state

| | | | |
|--|---------|---------|--------------|
| 45. Location of Injury: Number & Street: | | Apt No. | |
| City or Town: | County: | State: | Zip Code+ 4: |

Item 46 – Describe How the Injury Occurred

(In cases of accidental death, Items 41-47 are used in justifying the payment of double indemnity on life insurance policies. They are also needed for a more accurate determination of cause of death. Information from these items forms the basis of statistical studies of occupational injuries.)

Write a brief and clear description of how the injury occurred. Explain the circumstances or cause of the injury or injuries, such as “fell off ladder while painting house” or “driver involved in a car that collided with a truck.”

For motor vehicle accidents, indicate the type of vehicles, e.g., car, van, pickup truck, bulldozer, train. Give as much detail of the accident as possible—run off the road, crossed the centerline, etc.

For weapon injuries, specify the type of gun, e.g., pistol, shotgun, handgun, hunting rifle, etc. If any injury or poisoning is reported anywhere on the death certificate, Items 38, 41-56 must be completed. Enter the exact and specific information requested in each item.

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

Item 47 – If transportation Injury, specify:

(Details will help assign deaths to categories that may be used to assess trends and effectiveness of safety programs.)

Check the box that best describes the role of the decedent (e.g., driver, passenger) in the transportation accident. Driver/operator and passenger should be designed for modes other than motor vehicles such as bicycles. “Other” applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g., surfers) who are not bonafide passengers or drivers.

| | |
|---|--|
| 47. If transportation injury, specify: | |
| <input type="checkbox"/> Driver/Operator | <input type="checkbox"/> Pedestrian |
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Other (Specify) |

Item 48a. – Certifying Physician

The attending or certifying physician must sign this item in black ink and enter his or her degree or title. The attending physician is responsible for certifying the cause-of-death because he or she is the best person to decide which of several conditions was directly responsible for death and what antecedent conditions, if any, gave rise to the direct cause. Only when the attending physician is unavailable to certify the cause-of-death at the time of death will another physician pronounce death. Only licensed physicians (MD), osteopaths (DO), physician’s assistants, chiropractors or advanced registered nurse practitioners (ARNP) may certify the certificate. Other health care providers are not authorized to certify a death certificate.

RCW 18.57.150; 080; WAC 246-918-130

At times there are circumstances when the coroner/medical examiner has jurisdiction over the human remains even when an attending physician is in attendance. If the coroner/medical examiner and physician agree on the cause-of-death, they can both sign the death certificate.

If the coroner/medical examiner has assumed jurisdiction over the human remains and further investigation reveals that the cause of death determined by the attending physician is inaccurate, the most reasonable solution is to request that the attending physician review the investigation findings and amend the cause of death to reflect the additional information.

If instances arise where the attending physician does not agree with the coroner or medical examiner’s determination regarding the cause of death, the Local Registrar should remove the attending physician as certifier and the coroner must sign the certificate.

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

Item 48b. – Medical Examiner/Coroner

The medical examiner, coroner or prosecuting attorney having jurisdiction must sign this item if the death occurred as a result of an accident or by unnatural or unlawful means or under suspicious circumstances. If none of the above officials are available, the Health Officer having jurisdiction must sign and certify the certificate. *Rubber stamps or facsimile (fax) signatures are not permitted.*

The Funeral Director is required to refer cases with the following causes of death to the medical examiner or coroner before they file the death certificate with the Local Registrar.

| | |
|-----------------------------------|--|
| Asphyxia | Blunt injuries |
| Bolus | Burns |
| Choking | Cold or heat exposure |
| Drowning | Electrocution |
| Exsanguination | Fall |
| Fracture | FX |
| Gunshot wounds | Hanging |
| Neglect or abuse | ORIF (open reduction internal fixation) |
| Overdose | Poisoning |
| Positional or mechanical asphyxia | Remote or old injuries (traffic, neck, etc.) |
| Smoke inhalation | Stab wounds |
| Suffocation | Surgery or surgical procedures |
| Traffic accidents | Unknown |

The Local Registrar is required to refer the following cases to the coroner or medical examiner if they appear without an underlying cause-of-death:

| | | |
|----------------|------------------------|--------------------|
| Cardiac arrest | Cardiopulmonary arrest | Emboli |
| Embolus | Failure to thrive | Old age |
| Pneumonia | Pulmonary arrest | Respiratory arrest |
| Sepsis | Subarachnoid hematoma | Subdural hematoma |
| Sudden death | Starvation | |

For additional circumstances, refer to Appendix B for RCW 68.50.010.

Medical examiners/coroners are authorized to assume jurisdiction over deceased individuals when no physician is in attendance at the time of death. When a physician is in attendance at the time that the death occurs, that physician will certify the cause of death. At times there are circumstances when the coroner has jurisdiction over the body of the deceased individual even when an attending physician is in attendance (RCW 70.58.170, 180 and RCW 68.50.010).

If the medical examiner/coroner has assumed jurisdiction over the human remains and further investigation reveals that the cause of death determined by the attending physician is inaccurate, the most reasonable solution is to request that the attending physician review the investigation findings and amend the cause of death to reflect the additional information. If instances

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

arise where the attending physician does not agree with the coroner's determination regarding the cause of death, the attending physician should be removed as the certifier and the coroner must sign the certificate certifying the cause of death.

Item 49 – Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print)

(This information is used by the State office of vital statistics for querying the certifier when a question about cause of death arises.)

Enter the full name and address of the physician, medical examiner or coroner certifying the death certificate. Include street or post office box, city, state and zip code. Include box numbers or suite numbers if available.

Item 50 – Hour of Death (24 hrs)

(This item establishes the exact time of death, which is important in inheritance cases when there is a question of who died first. This is often important in the case of multiple deaths in the same family.)

The person who signs the cause of death **must enter the exact time of death** according to local time. Use 24-hour time. If daylight savings time is the official prevailing time when death occurs, it is used to record the time of death. **Do not leave this item blank.**

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

This chart is a conversion from standard to military time. (1:00 PM = 1300 military). See Appendix A for timetable.

**Note: Midnight is 2400 hours
(Not 0000)**

0001 is the beginning of a new day.

| 24-hour clock | 12-hour clock |
|---------------|---------------------|
| 2400 | 12:00 p.m. midnight |
| 0100 | 1:00 a.m. |
| 0200 | 2:00 am |
| 0300 | 3:00 a.m. |
| 0400 | 4:00 a.m. |
| 0500 | 5:00 a.m. |
| 0600 | 6:00 a.m. |
| 0700 | 7:00 a.m. |
| 0800 | 8:00 a.m. |
| 0900 | 9:00 a.m. |
| 1000 | 10:00 a.m. |
| 1100 | 11:00 a.m. |
| 1200 | 12:00 a.m. noon |
| 1300 | 1:00 p.m. |
| 1400 | 2:00 p.m. |
| 1500 | 3:00 p.m. |
| 1600 | 4:00 p.m. |
| 1700 | 5:00 p.m. |
| 1800 | 6:00 p.m. |
| 1900 | 7:00 p.m. |
| 2000 | 8:00 p.m. |
| 2100 | 9:00 p.m. |
| 2200 | 10:00 p.m. |
| 2300 | 11:00 p.m. |

**Item 51 – Name and Title of Attending Physician if other than Certifier
(Type or Print)**

When an attending physician other than the certifier signs Item 48a, enter his or her name. When there is no attending physician, leave this item blank.

Rubber stamps or facsimile signatures are not permitted.

Item 52 – Date Certified (MM/DD/YYYY)

(This item is of legal value in attesting that the medical certification was completed and signed within the time limit required by law.)

The physician, medical examiner, or coroner who signs the certificate must enter the month, day, and year of death.

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Certifier

Item 53 – Title of Certifier

Enter the title of the person who certifies the “Cause of death.” Only licensed physicians (MD), osteopaths (DO), physician’s assistants, chiropractors or advanced registered nurse practitioners (ARNP) may certify the certificate. Other health care providers are not authorized to certify a death certificate. RCW 18.57.150; 080; WAC 246-918-130

Item 54 – License Number

(Assists in quality control of completing and filing death certificates.)

Enter the State license number, if available, of the medical person who signs the certificate.

Item 55 – ME/Coroner File Number

(This information provides for follow-up when researching a death under the jurisdiction of the medical examiner or coroner.)

This item is provided for medical examiners or coroners who assign a file number to each case they process. This item must be completed if the case is assigned a file number.

Item 56 – Was Case Referred to ME/Coroner?

(This item records whether the medical examiner or coroner was informed when the circumstances required such action.)

Check “Yes” if the funeral director, physician or deputy registrar contacted the medical examiner or coroner regarding this case. Otherwise, check “No.” Do not leave this item blank.

Deaths in which an accident, suicide, or homicide has occurred must be referred to the coroner or medical examiner. See RCW 68.50.010 for other circumstances that require the coroner or medical examiner to be contacted.

There may be times when the case is referred to the medical examiner or coroner and they choose not to take jurisdiction. If they choose not to take jurisdiction, see Items 48a and 48b for more information.

Death and Fetal Death Registration Handbook
Death Certificate Part 2 – Completed by the Local Registrar

Item 57 – Registrar Signature

(The signature documents that the Death Certificate was accepted and filed by the Registrar.)

The local registrar (Health Officer) or in his or her absence their designee, signs the Death Certificate when they accept it for filing. The deputy registrar is any person appointed by the health officer to be the deputy registrar. If you are the deputy registrar signing the death certificate, sign your name followed by “Deputy Registrar.” RCW 70.58.020. You may use the health officers’ signature stamp.

| | |
|--|---------------------------------------|
| 57. Registrar Signature | 58. Date Received (MM/DD/YYYY) |
| x <i>Molly Edwards, Deputy Registrar</i> | 05/03/2003 |
| 59. Amendments | |

Item 58 – Date Received (MM/DD/YYYY)

(This date documents whether the death certificate was filed within the time period specified by law.)

The registrar enters the month, day and year that the death certificate is filed with the local health department using a 4-digit year; e.g., 05/03/2003. When the decedent died in another county, enter the “date received” and leave Item 57 blank. Mail the certificate to the local county registrar where the person died. That local registrar will sign Item 57.

Item 59 – Record Amendment

This item is to be used only by the local registrar, a deputy registrar or a designated employee at the Center for Health Statistics. This space is available to record the item number, evidence of proof, reviewer and date of correction made to the face of the certificate.

Death and Fetal Death Registration Handbook
Completing the Fetal Death Certificate

Completing the Fetal Death Certificate

Delivery Information

Items 1-10

Item 1 – Name of Fetus

(This item identifies the record.)

If the mother wants to name the fetus, enter the first, middle and last name of the fetus. If the mother does not want to name the fetus, leave the space for the first and middle names blank and enter the mother's last name or maiden name in the "Last" name space. Do not enter "NMN" or "NMI".

Item 2 - Sex

(This item is used to measure fetal mortality by sex. This information helps identify differences in the impact of environmental and biological factors between the sexes.)

Enter male, female, or "M" or "F". If the sex is not determined at delivery, enter "Unknown" or "Unk". Do not leave this item blank.

Item 3 - Date of Delivery (Month, Day, Year)

(This time is used together with date of last normal menses to calculate length of gestation. It is also used for health statistics and research studies.)

Enter the month, day, and four-digit year the fetus was delivered (MM/DD/YYYY i.e. 03/15/2003).

Consider a delivery exactly at midnight to have occurred at the end of one day rather than the beginning of the next day. Pay particular attention to the entry of month, day or year when the delivery occurs around midnight or on December 31. For instance, the date for a death that occurs at midnight on December 31 is recorded as December 31.

Item 4 - Time of Delivery

(This item documents the exact time of delivery for various legal uses, such as the order of delivery in plural deliveries.)

Enter the exact local time that the fetus was delivered. Twenty-four hour time is preferred; however, if a.m. or p.m. is used, enter the exact time in hours and minutes followed by a.m. or p.m.

Death and Fetal Death Registration Handbook
Completing the Fetal Death Certificate

**Note: Midnight is 2400 hours
(Not 0000)**

0001 is the beginning of a new day

| 24-hour clock | 12-hour clock |
|----------------------|----------------------|
| 2400 | 12:00 p.m. midnight |
| 0100 | 1:00 a.m. |
| 0200 | 2:00 am |
| 0300 | 3:00 a.m. |
| 0400 | 4:00 a.m. |
| 0500 | 5:00 a.m. |
| 0600 | 6:00 a.m. |
| 0700 | 7:00 a.m. |
| 0800 | 8:00 a.m. |
| 0900 | 9:00 a.m. |
| 1000 | 10:00 a.m. |
| 1100 | 11:00 a.m. |
| 1200 | 12:00 a.m. noon |
| 1300 | 1:00 p.m. |
| 1400 | 2:00 p.m. |
| 1500 | 3:00 p.m. |
| 1600 | 4:00 p.m. |
| 1700 | 5:00 p.m. |
| 1800 | 6:00 p.m. |
| 1900 | 7:00 p.m. |
| 2000 | 8:00 p.m. |
| 2100 | 9:00 p.m. |
| 2200 | 10:00 p.m. |
| 2300 | 11:00 p.m. |

Item 5a – Type of Birthplace (Specify Type)

(This item identifies the place of delivery. This information is used to study relationships of hospital and non-hospital pregnancy termination. Place of delivery information together with residence information provides data to evaluate the supply and distribution of health services.)

| | | |
|--|--|--|
| 5a. Type of Birthplace (Specify Type) | | |
| 1 <input type="checkbox"/> Hospital | 3 <input type="checkbox"/> Freestanding Birth Center | 5 <input type="checkbox"/> Home - Planned <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 <input type="checkbox"/> Enroute | 4 <input type="checkbox"/> Clinic/Doctor's Office | 6 <input type="checkbox"/> Other(Specify): |

Indicate the type of place in which the delivery occurred by checking the appropriate box as shown above.

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Definitions

1. ☐ HOSPITAL – deliveries occurring in a hospital either as in-patient or emergency room.
2. ☐ ENROUTE – deliveries occurring on the way to the hospital, birth center, clinic or doctor's office.
3. ☐ FREESTANDING BIRTH CENTER – deliveries occurring in a licensed birthing center (not located in a hospital).
4. ☐ CLINIC/DOCTOR'S OFFICE – deliveries occurring in other non-hospital outpatient facilities.
5. ☐ HOME – If a home delivery, indicate whether or not the mother planned to have a home delivery; this includes either the normal residence of the mother or some other residence such as that of a friend or relative.
Planned home birth ____
Unplanned ____
Unknown ____
6. ☐ OTHER: deliveries occurring on planes, buses, trains, ships, and deliveries away from normal places of residence such as on camping trips, hiking trips, etc. Specify where delivery occurred.

Item 5b – Planned Birth Place, If Different

Enter the birthplace type where the mother planned to deliver, **if it was different from where she actually delivered**. For example, if the mother planned to deliver at the hospital but delivered at home, you will mark Item 5a as “Home; and then mark Planned, No” and Item 5b as “Hospital”. Leave this item blank if it doesn’t apply.

Item 6 - Name of Facility (If not a facility enter name of place and address)

Enter the full name of the hospital or facility where the delivery occurred. When delivery occurs outside a hospital or facility, enter the name of the place and the street address or location. **Do not enter a mailing address or Post Office Box Number.**

If the delivery occurred enroute to or on arrival at a facility, enter the full name of the hospital or medical facility followed by “enroute”. If the delivery occurred on a moving conveyance that was not enroute to a facility, enter the address where the fetus was first removed from the conveyance.

Item 7 – Facility ID (NPI)

If available, enter the National Provider Identification Number (NPI) of the facility where the delivery occurred.

Item 8 – City, Town or Location of Delivery

Enter the name of the city or town where the delivery occurred, regardless of size. For deliveries occurring on a moving conveyance, enter the City, Town or Location where the fetus was first removed from the conveyance.

Death and Fetal Death Registration Handbook
Completing the Fetal Death Certificate

Item 9 – Zip Code of Delivery

Enter all five digits or nine digits for zip code where the delivery occurred.

Item 10 - County of Delivery

Enter the name of the county where the delivery occurred. For deliveries occurring on a moving conveyance, enter the county where the fetus was first removed from the conveyance. Refer to Appendix D for the Washington State City/County Listing.

Parent's Information

Items 11-19

Item 11 - Mother's Name before First Marriage (First, Middle, Last)

(These items aid in identification of the decedent's record. The maiden name is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names that may change because of marriage or divorce. These items are also of importance in genealogical studies.)

Enter the first, middle and maiden name of the mother as given at her birth or legal adoption, not a name acquired by marriage.

Item 12 - Date of Birth

(The date of birth of the mother is used to calculate mother's age, and is one of the most important facts in the study of childbearing and maternal health.)

Enter the month, day and four-digit year of the mother's birth date (MM/DD/YYYY; 12/20/1973).

Item 13 – Mother's Current Legal Last name, if different from above

Enter the mother's current legal name if it is different from her maiden name. If the mother's current legal name is the same as her maiden name, leave this item blank.

Item 14 – Birthplace (State, Territory or Foreign Country)

Enter the name of the state or foreign country where the mother was born. If the birth place is not known, enter "Unknown."

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 15a – Residence – Number and Street (e.g., 624 SE 5th St.)

(Statistics on fetal deaths are tabulated by place of residence of the mother. These data are used in planning for and evaluating community services and facilities, including maternal health programs.)

The mother's residence is the place where her household is located. This is not necessarily the same as her "home state," "voting residence," "mailing address", "or "legal residence." The state, county, city, and street address should be for the place where the mother actually lives. Do not enter a temporary residence such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the delivery is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered on the report as the mother's place of residence.

If the mother had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence.

Enter the house number and street name of the place where the mother resides. If this place has no number and street name, enter the R.F.D. number, route number or a description of the location that aids in identifying the precise location of the residence. Do not use post office box numbers.

Item 15b – City or Town

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location used in her mailing address. If the location is not known, enter "unknown."

Item 15c - County

The county of residence is the county in which the "city of residence" is located. Enter the name of the county in which the mother lives. If the county is not known refer to the City-County Listing in Appendix F.

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 15d – If you live on Tribal Reservation, give name

(The data will help describe health outcomes by reservation. Tribal communities will use the information to track perinatal outcomes and monitor birth and death statistics for tribal reservations.)

If the mother lives on a tribal reservation, enter the name of the reservation. If she is a tribal member, but does not live on the reservation, leave this item blank.

Item 15e – State or Foreign Country

Enter the state or foreign country for the city listed in Item 15b. This may differ from the state used in her mailing address. Use two letter abbreviations for the state. If the mother is not a US resident, enter the country of residence.

Item 15f – Zip Code + 4

Enter all five digits or nine digits for zip code from the mother's resident address. This may differ from the address used in her mailing address.

Item 15g – Inside City Limits?

Check "Yes" if the mother's residence is inside city limits. Check "No" if the mother's residence is outside city limits. If this is not known, check "Unk."

| |
|--|
| 15g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
|--|

Item 16 – How Long at Current Residence?

(Statistics on fetal deaths are tabulated by place of residence of the mother. These data are used in planning for and evaluating community services and facilities, including maternal health programs.)

Enter the number of years and months the mother has lived at her current residence. If the length of time is less than one year, enter the number of months. If the time period is not known, enter "Unknown."

Item 17 - Father's Current Legal Name (First, Middle, Last)

Enter the first, middle, and last name of the father. The middle name or the middle initial is acceptable. Do not enter "NMN" or "NMI."

When the mother is married at the time of delivery, her current husband is presumed to be the father of the child. Enter the husband's name as the father. This does not require a Paternity Affidavit. If the husband's information is not provided or if the mother refuses to provide the information, enter "None"

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Named” in the father’s first name field. Complete all other questions regarding the father if the mother has provided the information. If the other information about the father is not provided, enter “Unknown,” for each item.

When a mother is not married to the father of the child, it is acceptable to enter the father’s name on the Fetal Death Certificate without completing a Paternity Affidavit. However, if they wish, the parents may complete a Paternity Affidavit. If they do complete the Affidavit, they have the following two options.

1. File the paternity affidavit with the hospital within 10 days of delivery.
2. Mail the paternity affidavit by certified mail to the Center for Health Statistics and pay the \$15 filing fee. Make check or money order payable to the Department of Health (use the address in top left corner). **Do not send the Pink copy to the Division of Child Support.**

Item 18 - Date of Birth

(The date of birth is used to calculate father’s age, is important in the study of childbearing and health.)

Enter the month, day and four-digit year (MM/DD/YYYY; 06/02/1973) of the father’s birth date. Enter “Unknown” if this item is unknown or if item 9 (father’s name) is stated as “None Named.”

Item 19 – Birthplace (State, Territory or Foreign Country)

(This item aids identifying the record).

If the father was born in the United States, enter the name of the state or province. If the father was born in a foreign country or territory or Canada, enter the name of the country or territory. If the father’s state of birth is unknown, enter “Unknown.”

Disposition Information

Item 20 – Name and Title of Person Completing Cause of Death

(This information is used by the state office of vital statistics for querying the certifier when a question about cause of death arises.)

Enter the full name and title of the person completing the cause of death. This is the physician, physician’s assistant, advanced registered nurse practitioner (ARNP), midwife or other person in attendance at the fetal death. The person who certifies the fetal death is to give the medical data that is required on the certificate (RCW 70.58.170).

Death and Fetal Death Registration Handbook
Completing the Fetal Death Certificate

| | |
|--|-----------------------|
| 20. Name and Title of Person Completing Cause of Death | Signature X |
|--|-----------------------|

Item 21 – Date Signed (MM/DD/YYYY)

Enter the exact month, day and four digit year (MM/DD/YYYY) on which the certifier signed the certificate.

Item 22 – Name and Title of Person Delivering the Fetus

Enter the full name and title of the person who delivered the fetus.

Item 23 – NPI of Person Delivering the Fetus

If available, enter the National Provider Identification Number (NPI) of the person delivering the fetus.

Item 24 – Method of Disposition

(Items 24-28 indicate whether the body was properly disposed of as required by law. It also serves to help locate the fetus in case exhumation, autopsy, or transfer is required later.)

Check the type of disposition: “Burial,” “Cremation,” or “Removal.” If “Other,” specify the method of disposition. i.e. “Entombment.” If the fetus is to be used by a hospital, or medical/mortuary school for scientific or educational purposes, enter “Pathology Department.” Enter the name and location of the institution in Items 26 and 27.

| | |
|--|--|
| 24. Method of Disposition <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Burial 4 <input type="checkbox"/> Donation </div> <div style="width: 45%;"> 2 <input type="checkbox"/> Cremation 5 <input type="checkbox"/> Hospital Disposition 6 <input type="checkbox"/> Other (Specify): </div> </div> | 25. Date of Disposition (MM/DD/YYYY) / / / |
|--|--|

Item 25 - Date of Disposition

Enter the month, day and four digit year of disposition (MM/DD/YYYY).

Item 26 – Place of Disposition (Name of cemetery, crematory, other place)

Enter the name of the cemetery or crematory, if applicable. If the name of the cemetery is not known, enter the name of the receiving funeral home. If the fetus is to be used by a hospital or medical/mortuary school for educational purposes, give the name of the institution. Enter the hospital name when the fetus is disposed of by the hospital.

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 27 – Location-City/Town and State

Enter the name of the city or town, and the state where the place of disposition is located. You may use a two-letter abbreviation for the state; such as WA for Washington.

If the fetus is to be used for scientific or educational purposes, enter the name of the city or town and state where the institution is located (see Item 26).

Item 28 - Name and Complete Address of Funeral Facility

(Items 28-30 identify the person who is responsible for filing the certificate with the registrar.)

Enter the name of the facility handling the fetus prior to burial or other disposition.

Item 29 - Funeral Director Signature

The funeral director or person acting as such first assuming custody of the fetus is charged with the responsibility for completing and signing the Fetal Death Certificate. An apprentice is not authorized to sign the certificate. If a family member is acting in place of a funeral director, a family member must sign in this space.

Items 30 and 31 - Cause-of-death

(These items provide medical information for ranking causes of fetal death and for analyzing the conditions leading to fetal death. Information on cause of fetal death is correlated with information from other items on the fetal death certificate, such as length of gestation and prenatal care.)

| | |
|---|---|
| 30. Initiating Cause/Condition <i>(Among the choices below, please select the <u>ONE</u> which most likely Began the sequence of events resulting in the death of the fetus)</i> | 31. Other Significant Causes or Conditions <i>(Select or specify all other conditions contributing to death)</i> |
| 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) | 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) |
| 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) | 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) |
| 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) | 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) |
| 4 <input type="checkbox"/> Fetal Anomaly (Specify) | 4 <input type="checkbox"/> Fetal Anomaly (Specify) |
| 5 <input type="checkbox"/> Fetal Injury (Specify) | 5 <input type="checkbox"/> Fetal Injury (Specify) |
| 6 <input type="checkbox"/> Fetal Infection (Specify) | 6 <input type="checkbox"/> Fetal Infection (Specify) |
| 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) | 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) |
| 8 <input type="checkbox"/> Unknown | 8 <input type="checkbox"/> Unknown |

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Detailed instructions for the cause of fetal death section, together with examples of properly completed records, are contained in the section on completing the medical certification of death. These items are to be completed by the person whose name appears in Item 20.

The cause-of-death section consists of two parts. The initiating cause/condition (Item 30) is for reporting a **single** condition that most likely began the sequence of events resulting in the death of the fetus. Other significant causes or conditions (Item 31) include all other conditions contributing to death. These conditions may be triggered by the initiating cause (Item 30) or causes that are not among the sequences of events triggered by the initiating cause (Item 30).

The cause-of-death information should be the certifier's best medical opinion. Report a specific condition in the space most appropriate to the given situation. A condition can be listed as "probable" if it has not been definitively diagnosed. In reporting the causes of fetal death, conditions in the fetus or mother, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus.

Cause of fetal death should include information provided by the pathologist if an autopsy or other type of post mortem examination was done. If microscopic examinations for a fetal death are still pending at the time the report is filed, the certifier should report the additional information as soon as it is available by completing an *Affidavit for Correction* and filing the form with the Local or State Registrar.

Other Medical Information (Items 32-35)

Item 32 – Estimated Time of Fetal Death

(This item is used as a check to ensure that the delivery was properly reported as a fetal death and was not a live birth. It also gives information on care.)

| |
|---|
| 32. Estimated Time of Fetal Death |
| 1 <input type="checkbox"/> Dead at first assessment, no labor ongoing |
| 2 <input type="checkbox"/> Dead at first assessment, labor ongoing |
| 3 <input type="checkbox"/> Died during labor, after first assessment |
| 4 <input type="checkbox"/> Unknown time of fetal death |

Indicate when the fetus died by checking one of the four boxes.

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 33 – Was an Autopsy Performed?

(This item gives some idea of the degree of confidence that can be put in the accuracy of a reported cause-of-fetal-death. An autopsy is important in giving additional insight into the conditions that led to death. This additional information is particularly important when the cause is not immediately clear.)

| | | |
|--------------------------------------|-----------------------------|----------------------------------|
| 33. Was an autopsy performed? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planned |

Check “Yes” if a partial or complete autopsy was performed. If no autopsy was performed, check “No.”

If additional medical information or autopsy findings become available that would change the cause-of-death originally reported, the certifier **must promptly submit an Affidavit of Correction** to amend the cause-of-death on the original fetal death certificate. The person who certifies the cause-of-death must mail the Affidavit of Correction to the:

Center for Health Statistics
PO Box 47814
Olympia WA 98504-7814

Item 34 – Was a histological placental examination performed?

(A histological placental examination provides additional information about the conditions that led to death. This may provide insight into the appropriate causes of death to report.)

| | | |
|--|-----------------------------|----------------------------------|
| 34. Was a histological placental examination performed? | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Planned |

Check “Yes”, if a histological placenta examination was performed. Check “No” if not.

Death and Fetal Death Registration Handbook
Completing the Fetal Death Certificate

Item 35 - Were Autopsy or Histological Placental Examination Results Used in Determining the Cause-of-death?

(This information is used to determine the value and frequency of autopsy findings in determining the cause-of-death. This information assists in determining whether information was available to assist in ascertaining the cause of death. Knowing whether exam results were available gives insight into the quality of the cause-of-death data.)

| |
|--|
| 35. Were autopsy or histological placental examination results used in determining the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned |
|--|

Check “Yes” if autopsy findings were used to complete cause-of-death.
Check “No” if no autopsy findings were used.

Local Registrar

Items 36-37

Item 36 - Registrar’s Signature

(The signature documents the fact that the certificate was filed and accepted by the registrar.)

The local registrar (Health Officer) or, in his or her absence, the deputy registrar signs this item. The position is designated as “deputy” if the deputy registrar signs. For example, Judy M. Anderson, Deputy Registrar. The local registrar’s signature stamp may be used.

Item 37 – Date Received by Local Registrar

(The date documents whether the fetal death certificate was filed within the time period specified by law.)

The local registrar or deputy registrar enters the date the certificate is filed.

Confidential Portion

Item 38 – Weight of Fetus

(This is the single most important characteristic associated with the viability of the fetus. It is also related to prenatal care, marital status, socioeconomic status, and other factors associated with the delivery of the fetus. It is useful in evaluating the effectiveness of health care.)

Enter the weight of the fetus at delivery. Expected weight range in pounds is 0-20 and 0-15 ounces. Expected weight range in grams is 227-8165.

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 39 – Obstetric Estimate of Gestation (completed weeks)

(This item is intended to provide an alternative estimate of gestational age when the date last normal menses began is missing or apparently incompatible with the weight of the fetus.)

Enter the length of gestation in weeks as estimated by the physician, midwife or attendant. **This item must be completed.**

Item 40 – Plurality – Single, Twin, Triplet, etc. (Specify)

(This information is used to study survival differences for multiple births based on order of delivery.)

Specify the delivery as single, twin, triplet, quadruplet, etc.

Item 41 - If Not Single Birth - Delivered 1st, 2nd, 3rd, etc.

Enter the fetal order of this particular fetus. When a multiple delivery occurs, prepare and file a separate certificate for each child or fetus.

Mother's Information

Item 42 – Mother's Education (Check the box that best describes the highest degree or level of school completed at the time of delivery)

(Education is often correlated with rates of fertility and successful birth outcomes. It is used as an indicator of socioeconomic status, which can have effects on health, childbearing, and infant mortality.)

Check the category that best describes the highest education level of school completed by the mother at the time of delivery. If 8th grade or less is checked, specify the grade level completed (i.e., 6th grade).

- | | | |
|----|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | 8 th grade or less (Specify): 6th grade |
| 2. | <input type="checkbox"/> | 9 th – 12 th grade; no diploma |
| 3. | <input type="checkbox"/> | High school graduate or GED completed |
| 4. | <input type="checkbox"/> | Some college credit, but no degree |
| 5. | <input type="checkbox"/> | Associate degree (e.g., AA, AS) |
| 6. | <input type="checkbox"/> | Bachelor's degree (e.g., BA, AB, BS) |
| 7. | <input type="checkbox"/> | Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA) |
| 8. | <input type="checkbox"/> | Doctorate (e.g., PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) |

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 43 – Mother of Hispanic Origin?

(Hispanics comprise a substantial population group within this country. Reliable data are needed to identify and assess public health problems of Hispanics. Information from Item 43 will permit the production of mortality data for the Hispanic community. Identifying health problems will make it possible to target public health resources to this important segment of our population.)

Hispanic refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor. Other Hispanic groups may be specified under “Other.”

Check the appropriate boxes in the listing. If the respondent chooses more than one response, check all boxes that apply; for example “Mexican” and “Cuban,” choose both responses. If the respondent indicates an ethnic origin not on the list, check “Yes, Other” and “Specify”.

- | |
|---|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latina |
| <input checked="" type="checkbox"/> Yes, Mexican, Mexican American, Chicana |
| <input type="checkbox"/> Yes, Puerto Rican |
| <input checked="" type="checkbox"/> Yes, Cuban |
| <input checked="" type="checkbox"/> Yes, other Spanish/Hispanic/Latina |
| (Specify): <u>Guatemalan</u> |

Item 44 – Mother’s Race (Check one or more races to indicate what the mother considers herself to be)

(Race is essential in producing data for minority groups. It is used when studying health characteristics for racial groups such as childbearing trends, perinatal mortality, birth weight, etc. These racial differences in health characteristics are used in planning and evaluating the effectiveness of health programs aimed at reducing racial inequities.)

Mother’s Race: Check if she considers herself to be “Black” and “Chinese,” check both “Black” and “Chinese.”

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

If the mother identifies herself as American Indian or Alaska Native ask,

- What is the name of the enrolled principal tribe?
- Print the name(s) of the tribe(s) in the space provided

| | |
|--|--|
| <input type="checkbox"/> White | |
| <input checked="" type="checkbox"/> Black or African American | |
| <input checked="" type="checkbox"/> American Indian or Alaska Native | |
| (Name of the enrolled or principal tribe): <u>Yakama</u> | |
| <input type="checkbox"/> Asian Indian | <input checked="" type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Asian (Specify): | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Other Pacific islander (Specify): | |
| <input type="checkbox"/> Other (Specify): | |

For Asians, enter the national origin of the decedent. For Asians check Asian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group.

For Pacific islanders check Native Hawaiian, Guamanian or Chamorro, Samoan, or Specify Other Pacific Island.

If more than one race is indicated, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian).

If American Indian or Alaska Native is checked, transfer the name of the tribe to the fetal death certificate (e.g., Lummi, Yakama, Nisqually, etc.).

Item 45 – Occupation (Indicate type of work done during last year)

(Information collected from the Occupation and Business/Industry question is useful in studying occupationally related fetal problems and in identifying job-related risk areas. The information is also used as an approximate measure of socioeconomic status.)

Enter the most recent occupation of the mother if she was employed any time during the last year such as farmhand, janitor, store manager, college professor, teacher, nurse or civil engineer. If the mother was a homemaker in her own home enter “Homemaker.” If the mother worked in someone else’s home, enter “Housekeeper.” If under 18 years old, not a student and not employed, enter “Unemployed.”

If the mother has not worked within the last year, specify unemployed, student, etc.

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 46 - Kind of Business/Industry (Do not use company name)

(With the increasing number of women in the work force, the potential of exposure to environmental/occupational hazards may affect the woman's pregnancy or the future health of the child. These items are used to portray pregnancy outcome and childhood diseases in relation to mother's occupational exposures.)

Enter the kind of business or industry to which the occupation listed in Item 45 is related. Make the industry entry as specific as possible and distinguish between manufacturing (plywood mill, aluminum plant), sales (wholesale auto parts, grocery store), or service industries (dry cleaning, county clerk). Do not enter a company, firm or organization name if at all possible.

If the mother did not work within the last year, specify unemployed, disabled at home, school, etc.

If the mother worked in her own home and the entry in Item 45 is "Homemaker or Housewife," enter "Own Home" in Item 46. If she worked in someone else's home and the entry in Item 45 is "Housekeeper," enter "Domestic" in Item 46.

Item 47- Mother Married? (At delivery, conception, or any time between)

Check "Yes" if the mother was married at any time during her pregnancy. If the mother is separated from her husband, she is still legally married. If the mother was married at the time of conception but the husband died or if the mother was divorced before the delivery, enter "Yes" and enter the husband's name, date and place of birth on the fetal death certificate.

Check "No" if the mother was not married any time during this pregnancy. Refer to Item 17 for further details.

Item 48 – Mother's Height

(In combination with prepregnancy weight, mother's height is used to calculate the body mass index [BMI]. Maternal BMI is associated with maternal morbidity and mortality. Maternal weight gain data are of little value without knowledge of maternal BMI.)

Enter the mother's height in feet and inches; enter whole numbers. If the record indicates height in fractions such as 5 feet 6 ½ inches, truncate and enter 5 feet and 6 inches. The mother's height range for feet is 4 feet to 6 feet. If there are no inches, enter "00". If the mother's height is unknown, enter 9 for feet and 99 for inches, or enter "Unk".

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 49. – Did Mother get WIC food for herself during this Pregnancy?

(Knowledge of participation in government programs such as WIC is helpful in judging program use and its effect on health outcome. Participation in programs such as WIC is also an indicator of socioeconomic status.)

Women and Infant Children (WIC) is a free supplemental food and nutrition education program funded by the State and Federal Government. Benefits are provided to clients through the Health Departments and other Health agencies such as Community Health, Migrant Programs, Indian Programs, and Community Action Programs. If the mother does not know if she is a participant of the WIC program, the interviewer may also ask the mother if she has received WIC benefits (check) for specific food items.

Item 50 – Mother’s Prepregnancy Weight

(This item is used with mother’s weight at delivery to calculate weight gain during pregnancy. Maternal weight gain during pregnancy is associated with pregnancy outcome and maternal morbidity and mortality.)

Enter the mother’s weight before pregnancy. Record the weight in whole pounds only, do not include fractions.

NOTE: Obtain information for this item from the mother’s medical chart of the physician. If the medical chart is not available or does not include this information and the physician is unavailable, ask the person completing the worksheet or the mother to respond to this item.

Item 51 – Mother’s Weight at Delivery

(This item is used with mother’s prepregnancy weight to calculate weight gain during pregnancy. Maternal weight gain during pregnancy is associated with pregnancy outcome and maternal morbidity and mortality).

Enter the mother’s weight at the time of delivery. Record the weight in whole pounds only, do not include fractions.

NOTE: Obtain information for this item from the mother’s medical chart of the physician. If the medical chart is not available or does not include this information and the physician is unavailable, ask the person completing the worksheet or the mother to respond to this item.

Item 52 - Date Last Normal Menses Began

(This item provides information on the length of gestation, which can be associated with weight of fetus to determine the maturity of the fetus at delivery. It is also associated with infant morbidity and mortality, and is important in medical research.)

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Enter the month, day and four-digit year (MM/DD/YYYY) of the mother's last normal menstrual period. Enter "Unknown" or "Unk" for "Day" if day cannot be determined.

Item 53 – Date of First Prenatal Care Visit (MM/DD/YYYY)

(This item identifies when during the pregnancy the patient entered prenatal care and is needed as the basis for measures of how soon patients initiate prenatal care and for measures of the appropriate utilization of services. This information is also used to study the impact of prenatal care on pregnancy outcome.)

Enter the month, day, and year of the first prenatal care visit. Complete all parts of the date that are available; leave the rest blank.

If it is not known whether the patient had prenatal care, or if she had care but the date of the first visit is not known, write "Unknown."

If the patient had no prenatal care, check the box for "No prenatal care".

Item 54 – Date of Last Prenatal Care Visit (MM/DD/YYYY)

Type the month, day, and year of the last prenatal care visit recorded in the records. Complete all parts of the date that are available.

If it is not known whether the patient had prenatal care, or if she had care but the date of the last visit is not known, write "Unknown."

If the patient had no prenatal care, leave the date blank. No care is checked in Item 53.

Item 55 - Total Number of Prenatal Visits for this Pregnancy

(This item is needed as the basis for measures of utilization of prenatal care services. It is also used in conjunction with "Date of First Prenatal Care Visit" to assess the adequacy of prenatal care.)

Enter the number of visits made to a physician, midwife or prenatal clinic for obstetrical supervision during the prenatal period. If no visits enter "0". If the patient had prenatal care but the number of visits is not known, enter "Unknown" in the space. Do not add more visits to account for differences between the date of last visit and the delivery date.

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 56a – Number of Previous Live Births (do not include this fetus)

(Items 56-57 are used to determine live-birth order and total-birth order which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems [i.e., health problems associated with first births to older mothers, relationship of infant mortality to birth order, etc.]. The dates of last live birth and other pregnancy outcomes are used to compute the intervals between live births and induced-spontaneous deliveries and between pregnancies when studying the length of time lapsed between births. They are also important in determining whether there are health problems associated with short time periods between births or with the outcome of the previous pregnancy, whether or not it was a live birth.)

When certificates are prepared for a multiple delivery or birth, the certificate for the first-born child should not include any information on the present delivery under “Prior live births” or “Total prior pregnancy.” Any “Prior birth outcome” questions for the second child’s certificate must include information about the first born of the multiple births. Similarly, these items for the third born child must include information about the first and second born and so on.

Enter the number of prior live births to the mother. If there are no other prior births [now living or dead], mark “None.” If this is not known enter “Unk” next to the none box and leave “Now living” or “Now dead” blank.

Enter the number of prior children born alive to this mother who are still living at the time of the delivery. Do not include children by adoption.

Enter the number of prior children born alive to this mother who are no longer living at the time of this delivery. Do not include this birth or children by adoption.

Item 56b. – Date of Last Live Birth (MM/YYYY)

Enter the month and four-digit year (MM/YYYY) of birth of the last live born child of the mother regardless of whether the child is now living or now dead. If date is not known, enter “Unk” in this field. Do not include children by adoption.

Item 57a. – Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies)

Enter the number of other pregnancy outcomes including any spontaneous or induced losses ectopic pregnancies. Do not include this pregnancy. If there were no other pregnancies, enter zero.

Death and Fetal Death Registration Handbook
Completing the Fetal Death Certificate

Item 57b. – Date of last Other Pregnancy Outcome (MM/YYYY)

Enter the two-digit month and four-digit year for the date of last other pregnancy outcome (MM/YYYY).

Item 58 – Cigarette Smoking Before and during pregnancy

If none enter “0”

(Maternal smoking during pregnancy may have an adverse impact on pregnancy outcome. This information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome and to determine at what levels these factors clearly begin to affect pregnancy outcome.)

Enter the average number of cigarettes or packs of cigarettes smoked per day for each time period.

If a range is given, enter only the highest number. If both the number of cigarettes and the number of packs are given, enter only the number of packs.

If the number of reported packs of cigarettes smoked is greater than five (5), enter “5”. If the number of cigarettes smoked is greater than 98, enter “98”.

If this item is unknown, enter 99 in each space or time period under “# of cigarettes”.

Average number of cigarettes or packs per day:

| | <u># of cigarettes</u> | | <u># of packs</u> |
|----------------------------------|------------------------|----|-------------------|
| Three months before pregnancy | _____ | OR | _____ |
| First three months of pregnancy | _____ | OR | _____ |
| Second three months of pregnancy | _____ | OR | _____ |
| Last three months of pregnancy | _____ | OR | _____ |

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 59. – Was mother transferred to higher level care for maternal medical or fetal indications for Delivery?

(This information will help determine the appropriateness of care, which can improve outcomes. This information is very useful when combined with principal source of payment information.)

☐ Yes ☐ No

Check “Yes” if the mother was transferred into your facility from another facility.

For example:

A mother goes to a particular hospital or birthing clinic to deliver but develops complications. The (first) facility will transfer the mother to a higher level care facility for the actual delivery. The second facility (where the baby is born) is responsible for filing the birth certificate. Also, if the mother was planning to deliver the baby at home but needed to go to the hospital, enter “Home” as the place the mother was transferred from.

If “Yes” is selected, enter the name of the facility the mother was transferred from.

Father’s Information

Item 60. Father’s Education

(Education is often correlated with rates of fertility and successful birth outcomes. It is used as an indicator of socioeconomic status, which can have effects on health, childbearing, and infant mortality.)

Check the category that best describes the highest education level of school completed by the father at the time of delivery based on the mother’s response on the worksheet. If you check “8th grade or less” specify the grade level completed (i.e., 6th grade).

- | | |
|----|--|
| 1. | <input checked="" type="checkbox"/> 8 th grade or less (Specify): 6th grade |
| 2. | <input type="checkbox"/> 9 th – 12 th grade; no diploma |
| 3. | <input type="checkbox"/> High school graduate or GED completed |
| 4. | <input type="checkbox"/> Some college credit, but no degree |
| 5. | <input type="checkbox"/> Associate degree (e.g., AA, AS) |
| 6. | <input type="checkbox"/> Bachelor’s degree (e.g., BA, AB, BS) |
| 7. | <input type="checkbox"/> Master’s degree (e.g., MA, MS, MEng, Med, MSW, MBA) |
| 8. | <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) |

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 61. - Father of Hispanic Origin?

(Check the box that best describes whether the father is Spanish/Hispanic/Latino or check the “No” box if father is not Spanish/Hispanic/Latino.)

(Hispanics comprise a substantial population group within this country. Reliable data are needed to identify and assess public health problems of Hispanics. Information from Item 61 will permit the production of mortality data for the Hispanic community. Identifying health problems will make it possible to target public health resources to this important segment of our population.)

Hispanic refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor. Other Hispanic groups may be specified under “other.”

Check the appropriate boxes in the listing. If the respondent chooses more than one response, check all boxes that apply; for example “Mexican” and “Cuban,” choose both responses. If the respondent indicates an ethnic origin not on the list, check “Yes, Other” and “Specify”.

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | No, not Spanish/Hispanic/Latina |
| <input checked="" type="checkbox"/> | Yes, Mexican, Mexican American, Chicana |
| <input type="checkbox"/> | Yes, Puerto Rican |
| <input checked="" type="checkbox"/> | Yes, Cuban |
| <input checked="" type="checkbox"/> | Yes, other Spanish/Hispanic/Latina |
| | (Specify): <u>Guatemalan</u> |

Item 62. - Father’s Race

(Race is essential in producing data for minority groups. It is used when studying health characteristics for racial groups such as childbearing trends, perinatal mortality, birth weight, etc. These racial differences in health characteristics are used in planning and evaluating the effectiveness of health programs aimed at reducing racial inequities.)

Father’s Race: Check one or more races to indicate what the father considers himself to be.

Death and Fetal Death Registration Handbook
Completing the Fetal Death Certificate

If the father identifies himself as American Indian or Alaska Native ask,

- What is the name of the enrolled principal tribe?
- Enter the name(s) of the tribe(s) in the space provided

| | |
|--|--|
| <input type="checkbox"/> White | |
| <input checked="" type="checkbox"/> Black or African American | |
| <input checked="" type="checkbox"/> American Indian or Alaska Native | |
| (Name of the enrolled or principal tribe): <u>Yakama</u> | |
| <input type="checkbox"/> Asian Indian | <input checked="" type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Asian (Specify): | |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Other Pacific islander (Specify): | |
| <input type="checkbox"/> Other (Specify): | |

For Asians, enter the national origin of the decedent. For Asians check Asian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group.

For Pacific islanders check Native Hawaiian, Guamanian or Chamorro, Samoan, or Specify Other Pacific Island.

If more than one race is indicated, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian).

If American Indian or Alaska Native is checked, transfer the name of the tribe to the death certificate (e.g., Lummi, Yakama, Nisqually, etc.).

If the father's name field is "None Named", you may still enter the father's race.

Item 63. – Occupation (Indicate type of work done during last year)

(Information collected from the Occupation and Business/Industry question is useful in studying occupationally related fetal problems and in identifying job-related risk areas. The information is also used as an approximate measure of socioeconomic status.)

Enter the type of work done during the last year. If the father has not worked within the last year, specify unemployed, student, etc. Refer to the Appendix G.

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 64. – Kind of Business/Industry (Do not use Company Name)

(Exposure of the father to hazardous occupational environments may also affect the health of the child. It has been shown that the father's chromosomes are the source of the problem in certain de novo chromosomal arrangements. In about ten percent of cases of Down's Syndrome the father was the source of extra chromosomal material. Other circumstances in which the father's occupation may be important are those situations where a father might actually carry home toxic substances in his clothing. These items are used to relate pregnancy outcome and childhood disease to parent's occupational exposures.)

Enter the kind of business or industry to which the occupation listed in Item 63 is related. Make the industry entry as specific as possible and distinguish between manufacturing (plywood mill, aluminum plant), sales (wholesale auto parts, grocery store), or service industries (dry cleaning, county clerk). Do not enter a company, firm or organization name if at all possible.

If the father did not work within the last year, specify unemployed, disabled at home, school, etc. **This may be entered even if "None Named" is entered in Item 17.**

Medical and Health Information

Item 65 - Risk Factors in this Pregnancy (Check all that apply)

(The items in this section are clearly defined, readily collectible, useful for research and clinical purposes, and for planning intervention strategies. These risk factors are often predictors of poor maternal and infant outcome.)

The mother may have more than one risk factor; check all that apply.

| | |
|---|--|
| 65. Risk Factors in this Pregnancy (Check all that apply): | |
| 1 | <input type="checkbox"/> Diabetes <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy) |
| 2 | <input type="checkbox"/> Hypertension <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia, eclampsia) |
| 3 | <input type="checkbox"/> Previous preterm birth |
| 4 | <input type="checkbox"/> Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted birth) |
| 5 | <input type="checkbox"/> Vaginal bleeding during this pregnancy prior to the onset of labor |
| 6 | <input type="checkbox"/> Pregnancy resulted from infertility treatment |
| 7 | <input type="checkbox"/> Mother had a previous cesarean delivery? If Yes, how many _____ |
| 8 | <input type="checkbox"/> None of the above _____ |

Death and Fetal Death Registration Handbook
Completing the Fetal Death Certificate

Definitions

1. Diabetes – (Glucose intolerance requiring treatment)
 - ☐ Prepregnancy – (Diagnosis prior to this pregnancy)
 - ☐ Gestational – (Diagnosis in this pregnancy)
2. Hypertension – (Elevation of blood pressure above normal for age, gender, and physiological condition.)
 - ☐ Prepregnancy – (Chronic) (Diagnosis prior to this pregnancy)
 - ☐ Gestational – (PIH, preeclampsia, eclampsia) (Diagnosis during this pregnancy)
3. ☐ Previous preterm births – (History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation)
4. ☐ Other previous poor pregnancy outcome – (Includes perinatal death, small-for-gestational-age/intrauterine growth restricted birth) – (History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.)
5. ☐ Vaginal bleeding during this pregnancy prior to the onset of labor – (Any vaginal bleeding occurring at any time in the pregnancy prior to the onset of labor.)
6. ☐ Pregnancy resulted from infertility treatment – (Any assisted reproduction treatment whether artificial insemination, drugs [e.g., Clomid, Pergonal] or technical procedures [e.g., in-vitro fertilization] used to initiate the pregnancy.)
7. ☐ Mother had a previous cesarean delivery – (Previous operative delivery by extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls.)

If Yes, how many _____

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 66 - Method of Delivery (Check all that apply)

(This information is used to relate method of delivery with birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean delivery. The method of delivery is relevant to the health of mother, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends across the United States.)

| |
|---|
| 66. Method of Delivery A. Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Fetal presentation at birth <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other D. Final route and method of delivery (Check One) Vaginal: <input type="checkbox"/> Spontaneous <input type="checkbox"/> Forceps <input type="checkbox"/> Vacuum Or, Cesarean: <input type="checkbox"/> If cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No E. Hysterotomy/Hysterectomy <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

Check the method of delivery of the fetus. If more than one method was used, check all methods that apply to this delivery. This information should be obtained from the mother's medical chart or the physician.

“None” or “Unknown” is NOT an option.

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

Item 67 - Congenital Anomalies of the Fetus

(This item identifies health problems that would have required medical care had the infant been born alive. It is important for monitoring the incidence of the stated conditions among products of conception. Identifying the conditions and contributing causes of fetal deaths is necessary to understanding why they occur, and may lead to possible prevention of fetal loss in the future.)

| | |
|--|--|
| 67. Congenital Anomalies of the Fetus | |
| 1 | <input type="checkbox"/> Anencephaly |
| 2 | <input type="checkbox"/> Meningomyelocele / Spina bifida |
| 3 | <input type="checkbox"/> Cyanotic congenital heart disease |
| 4 | <input type="checkbox"/> Congenital diaphragmatic hernia |
| 5 | <input type="checkbox"/> Omphalocele |
| 6 | <input type="checkbox"/> Gastroschisis |
| 7 | <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndrome) |
| 8 | <input type="checkbox"/> Cleft Lip with or without Cleft Palate |
| 9 | <input type="checkbox"/> Cleft Palate alone |
| 10 | <input type="checkbox"/> Down Syndrome |
| | <input type="checkbox"/> Karyotype confirmed |
| | <input type="checkbox"/> Karyotype pending |
| 11 | <input type="checkbox"/> Suspected chromosomal disorder |
| | <input type="checkbox"/> Karyotype confirmed |
| | <input type="checkbox"/> Karyotype pending |
| 12 | <input type="checkbox"/> Hypospadias |
| 13 | <input type="checkbox"/> None of the above |

Check one or more for specified malformation or anomalies. If the diagnosis is questionable, state it. If the medical information was not provided, try to get it from the medical record if possible. Use 'unknown' only if the medical record is not available or not complete. If there are no malformations or anomalies, check box #13 "None of the above". **Do not check "None of the above" if other anomalies have been listed.**

Definitions

- ☐ Anencephaly – (Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Also includes infants with craniorachischisis [(anencephaly with a contiguous spine defect].)
- ☐ Meningomyelocele/Spina bifida – (Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele [herniation of meninges without spinal cord tissue] should also be included in this category. Both open and closed [covered with skin] lesions should be included. Do not include Spina bifida occulta [a midline bony spinal defect without protrusion of the spinal cord or meninges]).
- ☐ Cyanotic congenital heart disease – (Congenital heart defects which cause cyanosis. Includes but is not limited to: transposition of the great arteries [vessels], tetralogy of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.)
- ☐ Congenital diaphragmatic hernia – (Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.)

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

5. ☐ Omphalocele – (A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane [different from gastroschisis, see below], although this sac may rupture. Also called exomphalos. Do not include umbilical hernia [completely covered by skin] in this category.)
6. ☐ Gastroschisis – (An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.)
7. ☐ Limb reduction defect (excluding congenital amputation and dwarfing syndromes) – (Complete or partial absence of a portion of an extremity associated with failure to develop.)
8. ☐ Cleft Lip with or without Cleft Palate – (Incomplete closure of the lip. May be unilateral, bilateral or median.)
9. ☐ Cleft Palate alone – (Incomplete fusion of the palatal shelves. May be limited to the soft palate or may extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the "Cleft Lip with or without Cleft Palate" category above.)
10. ☐ Down Syndrome – (Trisomy 21)
☐ Karyotype confirmed
☐ Karyotype pending
11. ☐ Chromosomal disorder – (Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.)
☐ Karyotype confirmed
☐ Suspected Karyotype pending
12. ☐ Hypospadias – (Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree – on the glans ventral to the tip, second degree – in the coronal sulcus, and third degree – on the penile shaft.)

Item 68. – Maternal Morbidity

(This information is useful for assessing perinatal health care delivery systems and for quality assurance.)

Check all maternal morbidity conditions that apply.

68. Maternal Morbidity
(complication associated with labor and delivery)
(Check all that apply):

- 1 ☐ Maternal transfusion
- 2 ☐ Third or fourth degree perineal laceration
- 3 ☐ Ruptured uterus
- 4 ☐ Unplanned hysterectomy
- 5 ☐ Admission to intensive care unit
- 6 ☐ Unplanned operating room procedure following delivery
- 7 ☐ None of the above

Definitions

1. ☐ **Maternal transfusion** – (Includes infusion of whole blood or packed red blood cells associated with labor and delivery.)
2. ☐ **Third or fourth degree perineal laceration** – (3° laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4° laceration is all of the above with extension through the rectal mucosa.)
3. ☐ **Ruptured uterus** – (Tearing of the uterine wall.)
4. ☐ **Unplanned hysterectomy** – (Surgical removal of the uterus that was not planned prior to the admission. Includes anticipated but not definitively planned hysterectomy.)
5. ☐ **Admission to intensive care unit** – (Any admission of the mother to a facility/unit designed as providing intensive care.)

Death and Fetal Death Registration Handbook

Completing the Fetal Death Certificate

6. ☐ Unplanned operating room procedure following delivery – (Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.)

Item 69. – Infections present and/or Treated During this Pregnancy

(All of the listed infections are known to cause concomitant fetal and/or subsequent neonatal infection and thus have significant public health implications.)

Check all infections that apply. If “Other” is checked, specify the other infection.

| | |
|---|---|
| 69. Infections Present and/or Treated During this Pregnancy (Check all that apply): | |
| 1 | <input type="checkbox"/> Gonorrhea |
| 2 | <input type="checkbox"/> Syphilis |
| 3 | <input type="checkbox"/> Herpes Simplex Virus (HSV) |
| 4 | <input type="checkbox"/> Chlamydia |
| 5 | <input type="checkbox"/> Listeria |
| 6 | <input type="checkbox"/> Group B Streptococcus |
| 7 | <input type="checkbox"/> Cytomegalovirus |
| 8 | <input type="checkbox"/> Parvovirus |
| 9 | <input type="checkbox"/> Toxoplasmosis |
| 10 | <input type="checkbox"/> HIV Infection |
| 11 | <input type="checkbox"/> Other Specify: _____ |
| 12 | <input type="checkbox"/> None of the above |

Definitions

1. ☐ Gonorrhea (a diagnosis of or positive test for *Neisseria gonorrhoeae*)
2. ☐ Syphilis (also called lues – a diagnosis of or positive test for *Treponema pallidum*)
3. ☐ Herpes Simplex Virus (HSV) (a diagnosis of or positive test for the herpes simplex virus)
4. ☐ Chlamydia (a diagnosis of or positive test for *Chlamydia trachomatis*)
5. ☐ Listeria (LM) – a diagnosis of or positive test for *Listeria monocytogenes*
6. ☐ Group B Streptococcus (GBS) – a diagnosis of or positive test for *Streptococcus agalactiae* or Group B Streptococcus
7. ☐ Cytomegalovirus (CMV) – a diagnosis of or positive test for Cytomegalovirus
8. ☐ Parvovirus (B19) – a diagnosis of or positive test for Parvovirus B19
9. ☐ Toxoplasmosis (Toxo) – a diagnosis of or positive test for *Toxoplasma gondii*
10. ☐ HIV infection (HIV is the human immunodeficiency virus. This is the virus that causes acquired immunodeficiency syndrome (AIDS).)
11. ☐ Other: Specify _____ (for example--bacterial vaginosis, trichomoniasis, vulvovaginal candidiasis, genital herpes, listeria, cytomegalovirus, parvovirus, toxoplasmosis)

Death and Fetal Death Registration Handbook
Medical Certification of Death

Medical Certification of Death

For More Information

Tutorial from the National Association of Medical Examiners:
<http://www.thename.org/main.htm>

A death certificate is a permanent record of an individual's death. One purpose of the death certificate is to obtain a simple description of the sequence or process leading to death rather than a record describing all medical conditions present at death.

In the state of Washington medical certifiers of cause of death can be licensed physicians (MD), osteopaths (DO), physician's assistants, chiropractors, advanced registered nurse practitioners (ARNP), coroners, or medical examiners. The medical certifier's primary responsibilities in death registration are to pronounce death and to complete the cause-of-death section on the death certificate. The certifying physician, medical examiner or coroner, is responsible for certifying the cause-of-death, because they are the best person to decide which of several conditions were directly responsible for death and what antecedent conditions, if any, gave rise to the direct cause. In most cases they will pronounce death and certify the immediate cause. Only in the instance of death occurring in a hospital or other institution in which the attending physician is unavailable to certify the cause-of-death at the time of death will a different physician pronounce death. In addition to being responsible for the cause-of-death, the certifier must take note that the time, date and place of death are correct on the death certificate.

Certifying the Cause-of-Death

The certifying physician, the medical examiner or coroner must complete this section. The cause-of-death section, see example below, follows guidelines recommended by the World Health Organization. An important feature is the underlying cause-of-death determined by the certifying physician and defined as (a) the disease or injury that initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury. In addition to the underlying cause-of-death, this section provides for reporting the entire sequence of events leading to death as well as other conditions significantly contributing to death.

The cause-of-death section is designed to elicit the opinion of the medical certifier. Causes of death on the death certificate represent a medical opinion that might vary among individual physicians. A properly completed cause-of-death section provides an etiologic explanation of the order, type, and

Death and Fetal Death Registration Handbook

Medical Certification of Death

association of events resulting in death. The initial condition that starts the etiologic sequence is specific if it does not leave any doubt as to why it developed. For example, sepsis is not specific because a number of different conditions may have resulted in sepsis, whereas human immunodeficiency virus syndrome is specific.

| Cause of Death (See instructions and examples) | | | |
|--|--|---|--|
| Part 2 completed by Certifier | 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → | | Interval between Onset & Death |
| | a. | Due to (or as a consequence of): | Interval between Onset & Death |
| | b. | Due to (or as a consequence of): | Interval between Onset & Death |
| | c. | Due to (or as a consequence of): | Interval between Onset & Death |
| | d. | Due to (or as a consequence of): | Interval between Onset & Death |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past yr <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | |

In certifying the cause-of-death, any disease, abnormality, injury or poisoning, if believed to have adversely affected the decedent, should be reported. If the use of alcohol and/or other substances, or a smoking history, or a recent pregnancy was believed to have contributed to death, then this condition should be reported. The conditions present at the time of death may be completely unrelated, arising independently of each other; they may be causally related to each other, that is, one condition may lead to another which in turn leads to a third condition; and so forth. Death may also result from the combined effect of two or more conditions.

The cause-of-death section consists of two parts. The first part (Item 34) is for reporting the sequence of events leading to death. Each condition in Item 34 should cause the condition above it. A specific cause of death should be reported in the last entry of Item 34 so there is no ambiguity about the etiology of this cause. Other significant conditions that contributed to the death, but did not lead to the underlying cause are reported in Item 35.

In addition, there are questions relating to autopsy, manner of death (for example, accident), and injury. The cause-of-death should include information provided by the pathologists if an autopsy or other type of postmortem examination was done. For deaths that have microscopic or toxicological examinations pending at the time the certificate is filed, the additional information should be reported as soon as it is available.

For statistical and research purposes, it is important that the causes of death and, in particular, the underlying cause-of-death be reported as specifically

Death and Fetal Death Registration Handbook

Medical Certification of Death

and as precisely as possible. Careful reporting results in statistics for both underlying and multiple causes of death (i.e., all conditions mentioned on a death certificate) reflecting the best medical opinion.

Every cause-of-death statement is coded and tabulated at the Center for Health Statistics by a qualified Nosologist according to the latest version of the International Classification of Diseases (ICD codes). When there is a problem with the reported cause of death (e.g., when a causal sequence is reported in reverse order), the rules provide a consistent way to select the most likely underlying cause. However, it is better when rules designed to compensate for poor reporting are not invoked so that the rules are confirming the physician's statement rather than imposing assumptions about what the physician meant.

Statistically, mortality research focuses on the underlying cause of death because public health interventions seek to break the sequence of causally related medical conditions as early as possible. However, all cause information reported on death certificate is important and is analyzed.

In the sections that follow, detailed instructions on how to complete Items 34 and 35 are given. A number of examples of properly completed certificates with case histories are provided in this section to illustrate how the cause-of-death should be reported. Some common problems are also discussed later in this section.

Changes to cause of death

Should additional medical information or autopsy findings become available that would change the cause or causes of death originally reported, the medical certifier should amend the original death certificate by **immediately** reporting the revised cause of death to the local registrar or Center for Health Statistics.

Instructions

The cause-of-death section consists of two parts (Items 34 and 35). Part I or **Item 34** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line (a) and the **underlying cause** of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. Part II or **Item 35** is for reporting all other significant disease, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Item 34**.

Death and Fetal Death Registration Handbook

Medical Certification of Death

The cause-of-death information should be the physician's best medical OPINION. Report each disease, abnormality, injury, or poisoning that the medical certifier believes adversely affected the decedent. A condition can be listed as "probable" if it has not been definitively diagnosed.

If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (for example, renal failure **due to** Type I diabetes mellitus).

When indicating neoplasm as a cause of death, include the following:

1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (For example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)

For each fatal injury (for example, stab wound of chest), always report the trauma (for example, transection of subclavian vein), and impairment of function (for example, air embolism) that contributed to death.

Part I (Item 34) of the Cause-of-Death Section

Only *one* cause is to be entered on each line of Part I (Item 34). Additional lines should be added between the printed lines when necessary. For each cause, indicate in the space provided the approximate interval between the date of *onset* (not necessarily the date of diagnosis) and the date of death. **For clarity, do not use parenthetical statements and abbreviations when reporting the cause of death.** The underlying cause-of-death should be entered on the LOWEST LINE USED IN PART I. The underlying cause of death is the disease or injury that started the sequence of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury. In the case of a violent death, the form of external violence or accident is antecedent (placed on the lower line) to an injury entered, although the two events may be almost simultaneous.

Line (a) immediate cause

In Part I, the immediate cause-of-death is reported on line (a). This is the final disease, injury, or complication directly causing the death. An immediate cause of death must always be reported on line (a). It can be the sole entry in the cause-of-death section if that condition is the only condition causing the death.

Death and Fetal Death Registration Handbook

Medical Certification of Death

The immediate cause does not mean the mechanism of death or terminal event (for example, cardiac arrest or respiratory arrest). The mechanism of death should not be reported as the immediate cause of death as it is a statement not specifically related to the disease process, and it merely attests to the fact of death. Therefore, the mechanism of death provides no additional information on the cause of death.

Line (b) and (c) due to (or as a consequence of)

On line (b) report the disease, injury, or complication, if any, that gave rise to the immediate cause-of-death reported on line (a). If this in turn resulted from a further condition, record that condition on line (c). If this in turn resulted from a further condition, record that condition on line (d). For as many conditions as are involved, write the full sequence, one condition per line, with the most recent condition at the top, and the underlying cause-of-death reported on the lowest line used in Part I. If more than four lines are needed, add additional lines (writing “due to” between conditions on the same line is the same as drawing an additional line) rather than using space in Part II to continue the sequence. The following certification is an example in which an additional line was necessary.

| Cause of Death (See instructions and examples) | | | |
|--|----|--|--|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. | Asphyxia by vomitus | Interval between Onset & Death Minutes |
| | b. | Cerebella hemorrhage | Interval between Onset & Death Hours |
| | c. | Hypertension | Interval between Onset & Death About 3 years |
| | d. | Primary aldosteronism | Interval between Onset & Death 3 + years |
| | e. | Adrenal adenoma | Interval between Onset & Death 3 + years |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Congestive heart failure | | | |
| 38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | | 39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | |
| | | 40. Did tobacco use contribute to death? <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown | |

The words “due to (or as a consequence of),” which are printed between the lines of Part I, apply not only in sequences with an etiological or pathological basis and usually a chronological time ordering, but also to sequences in which an antecedent condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.

If the immediate cause-of-death arose as a complication of or from an error or accident in surgery or other medical procedure or treatment, it is important to:

- On the first line report the complication or error;
- On the next line, report what medical procedure was performed;
- On the next line report what condition(s) was being treated.

Death and Fetal Death Registration Handbook
Medical Certification of Death

Approximate interval between onset and death

Space is provided at the end of lines (a), (b), and (c) for recording the interval between the presumed onset of the condition (not the date of the diagnosis of the condition) and the date of death. This should be entered for *all* conditions in Part I. These intervals usually are established by the physician on the basis of available information. In some cases the interval will have to be estimated. The terms “unknown” or “approximately” may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. If the time of onset is entirely unknown, state that the interval is “unknown.” Do not leave these items blank.

This information is useful in coding certain diseases and also provides a useful check on the accuracy of the reported sequence of conditions.

Part II (Item 35) - Other Significant Conditions of the Cause-of Death Section

All other important diseases or conditions that were present at the time of death and that may have contributed to the death but did not lead to the underlying cause-of-death listed in Part I or were not reported in the chain of events in Part I, should be recorded on these lines. (More than one condition can be reported per line in Part II.)

Multiple conditions and sequences of conditions resulting in death are common, particularly among the elderly. When there are two or more possible sequences resulting in death, or if two conditions seem to have added together, choose and report in Part I the sequence thought to have had the greatest impact. Other conditions or conditions from the other sequence(s) should be reported in Part II. For example, in the case of a diabetic male with chronic ischemic heart disease who dies from pneumonia, his certifying physician must choose the sequence of conditions that had the greatest impact and report this sequence in Part I. One possible sequence that the certifier might report would be pneumonia due to diabetes mellitus in Part I (Item 34) with chronic ischemic heart disease reported in Part II (Item 35). Another possibility would be pneumonia due to the chronic ischemic heart disease entered in Part I with diabetes mellitus reported in Part II. Or the certifier might consider the pneumonia to be due to the ischemic heart disease that was due to the diabetes mellitus and report this entire sequence in Part I. Because these three different possibilities would be coded very differently, it is important for the certifying physician to decide which sequence most accurately describes the conditions causing death.

Death and Fetal Death Registration Handbook

Medical Certification of Death

Doubt and cause of death

In cases of doubt, it may be necessary to use qualifying phrases such as “probable” or “possible” in either Item 34 or Item 35 to reflect uncertainty as to which conditions led to death. In cases where the certifier is unable to establish a cause of death based upon reasonable medical certainty, he or she should enter “unknown” in the cause of death section. However, this should be used only after all efforts have been made to determine the cause of death. An autopsy should be performed, if possible.

Other Items for Medical Certification

The remaining items that require the medical certification relate to autopsy, manner of death, and injury, female decedent’s pregnancy status, if tobacco use contributed to death, and whether the case was referred to the medical examiner or coroner.

The medical certifier should indicate whether an autopsy was performed and whether the findings were available prior to completion of the cause of death. **If additional medical information or autopsy findings are received** after the medical certifier has certified the cause of death and he or she determines the cause to be different from what was originally entered on the death certificate, the physician, coroner or medical examiner must **file an *Affidavit for Correction*** with the Local Registrar or State Registrar to amend the cause-of-death. You may request an *Affidavit for Correction* from the Local Health Department or the Center for Health Statistics (CHS). Local Health Departments mail original death certificates to CHS between 30 – 60 days of the date of death.

In most cases, the manner of death in Item 38 will be checked “Natural.” In those cases when an accident, suicide, or homicide has occurred, the medical examiner or coroner must be notified. If the medical examiner or coroner does not assume jurisdiction, the physician should check the appropriate manner of death and describe the injury and accident. Local Deputy Registrars are instructed to refer the following cases to the Medical Examiner or Coroner upon review of the cause of death section of the death certificate.

- The following causes are referred if they appear anywhere on the death certificate:

| | |
|--------------------------------|--|
| Asphyxia | Bolus |
| Choking | Exsanguination |
| Fall | Fracture |
| FX | ORIF (open reduction internal fixation) |
| Overdose | Remote or old injuries (traffic, neck, etc.) |
| Surgery or surgical procedures | Unknown |

Death and Fetal Death Registration Handbook

Medical Certification of Death

- The following causes are referred if they appear without any underlying cause:

| | |
|-----------------------|------------------------|
| Cardiac arrest | Cardiopulmonary arrest |
| Emboli | Embolus |
| Failure to thrive | Old age |
| Pneumonia | Pulmonary arrest |
| Respiratory arrest | Sepsis |
| Subarachnoid hematoma | Subdural hematoma |
| Sudden death | Starvation |

Completing the Certifier Section

The CERTIFYING PHYSICIAN certifies that “To the best of my knowledge, death occurred at the time, date and place and was due to the cause(s) and manner as stated.” This is the person who determines the exact cause-of-death (Item 34). The phrase “to the best of my knowledge” is included because it is recognized that it is not always possible to make a precise determination of interacting causes of death. The certifying physician is responsible for completing Items 34-56.

The attending physician, physician’s assistant or advanced registered nurse practitioner is usually in a better position than any other individual to make a judgment as to which of the conditions led directly to death and to state the antecedent conditions, if any, that gave rise to this cause.

The physician, physician’s assistant or advanced registered nurse practitioner signs the completed statement, adding his or her degree or title, the date of certification, hour of death and mailing address of the physician in Items 48 through 56.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Examples of Cause-of-Death Certification

Case History No. 1

Shortly after dinner on the day prior to admission to the hospital, this 48-year-old male developed a cramping, epigastric pain which radiated to his back, followed by nausea and vomiting. The pain was not relieved by positional changes or antacids. The pain persisted, and 24 hours after onset, the patient sought medical attention. He had a 10-year history of excessive alcohol consumption and a 2-year history of frequent episodes of similar epigastric pain. The patient denied diarrhea, constipation, hematemesis, or melena. The patient was admitted to the hospital with a diagnosis of an acute exacerbation of recurrent pancreatitis. Radiological findings included a duodenal ileus and pancreatic calcification. Serum amylase was 4,032 units per liter. The day after admission, the patient seemed to improve. However, that evening he became disoriented, restless, and hypotensive. Despite intravenous fluids and vasopressors, the patient remained hypotensive and died. Autopsy findings revealed many areas of fibrosis in the pancreas with the remaining areas showing multiple foci of acute inflammation and necrosis.

| Cause of Death (See instructions and examples) | | | |
|---|--|---|---|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Acute exacerbation of chronic pancreatitis Due to (or as a consequence of): | Interval between Onset & Death 3 days | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Chronic pancreatitis Due to (or as a consequence of): | Interval between Onset & Death 2 years | |
| | c. Chronic alcoholism Due to (or as a consequence of): | Interval between Onset & Death 10 years | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown |

Notes on death certification:

Duodenal ileus and pancreatic calcification are nonspecific processes and neither could be listed as an underlying cause of death.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 2

A 68-year old male was admitted to the hospital with progressive right lower quadrant pain of several weeks' duration. The patient had lost approximately 40 pounds, with progressive weakness and malaise. On physical examination, the patient had an enlarged liver span that was four finger breadths below the right costal margin. Rectal examination was normal and stool was negative for occult blood. Routine laboratory studies were within normal limits. The chest x-ray and barium enema were negative. His EKG showed a right bundle branch block. CT scan showed numerous masses within both lobes of the liver. A needle biopsy of the liver was diagnostic of moderately differentiated hepatocellular carcinoma, and the patient was started on chemotherapy. Three months after the diagnosis, the patient developed sharp diminution of liver function as well as a deep venous thrombosis of his left thigh, and he was admitted to the hospital. On his third day, the patient developed a pulmonary embolism and died 30 minutes later.

| Cause of Death (See instructions and examples) | | | |
|---|--|---|--|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Pulmonary embolism Due to (or as a consequence of): | Interval between Onset & Death 30 minutes | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Deep venous thrombosis in left thigh Due to (or as a consequence of): | Interval between Onset & Death 3 days | |
| | c. Acute hepatic failure Due to (or as a consequence of): | Interval between Onset & Death 3 days | |
| | d. Moderately differentiated hepatocellular carcinoma Due to (or as a consequence of): | Interval between Onset & Death Over 3 months | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 3

This 75-year old male was admitted to the hospital complaining of severe chest pain. He had a 10-year history of arteriosclerotic heart disease with EKG findings of myocardial ischemia and several episodes of congestive heart failure controlled by digitalis preparations and diuretics. Five months before this admission, the patient was found to be anemic, with a hematocrit of 17, and to have occult blood in the stool. A barium enema revealed a large polyploid mass in the cecum diagnosed as carcinoma by biopsy.

Because of the patient's cardiac status, he was not considered to be a surgical candidate. Instead, he was treated with a 5-week course of radiation therapy and periodic packed red cell transfusions. He completed this course 3 months before this hospital admission. On this admission the EKG was diagnostic of an acute anterior wall myocardial infarction. He expired 2 days later.

| Cause of Death (See instructions and examples) | | | |
|--|---|--|---|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Acute myocardial infarction | | Interval between Onset & Death |
| | Due to (or as a consequence of): | | Interval between Onset & Death |
| | b. Arteriosclerotic heart disease | | Interval between Onset & Death |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | Due to (or as a consequence of): | | Interval between Onset & Death |
| | c. | | Interval between Onset & Death |
| | Due to (or as a consequence of): | | Interval between Onset & Death |
| | d. | | Interval between Onset & Death |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Carcinoma of cecum, Congestive heart failure | | | |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Notes on death certification:

Acute myocardial infarction, listed in Item 34 line (a) as the immediate cause of death, is a direct consequence of arteriosclerotic heart disease, the underlying cause listed in Item 34 line (b).

Carcinoma of cecum is listed in Item 35 because it caused anemia and weakened the patient, but it did not cause arteriosclerotic heart disease.

Congestive heart failure is listed in Item 35 because it also weakened the patient. Although it was caused by the arteriosclerotic heart disease, it was not part of the causal sequence leading to the acute myocardial infarction.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 4

A 68-year old female was admitted to the ICU with dyspnea and moderate retrosternal pain of 5-hours duration, which did not respond to nitroglycerin. There was a past history of obesity, noninsulin-dependent diabetes mellitus, hypertension, and episodes of nonexertional chest pain, diagnosed as angina pectoris, for 8 years. Over the first 72 hours, she developed a significant elevation of the MB isoenzyme of creatine phosphokinase, confirming acute myocardial infarction. A Type II second-degree AV block developed, and a temporary pacemaker was put in place. She subsequently developed dyspnea with fluid retention and cardiomegaly on chest radiograph. She improved with diuretics. On the seventh hospital day, during ambulation, she suddenly developed chest pain and increased dyspnea. An acute pulmonary embolism was suspected and intravenous heparin was started. The diagnosis of pulmonary embolism was confirmed by a ventilation/perfusion scan as well as arterial blood gas measurements. One hour later, she became unresponsive and resuscitation efforts were unsuccessful.

| Cause of Death (See instructions and examples) | | | |
|--|--|--|---|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Pulmonary embolism | Interval between Onset & Death 1 hour | |
| | Due to (or as a consequence of): | Interval between Onset & Death | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Acute myocardial infarction | Interval between Onset & Death 7 days | |
| | Due to (or as a consequence of): | Interval between Onset & Death | |
| | c. Chronic ischemic heart disease | Interval between Onset & Death 8 years | |
| | Due to (or as a consequence of): | Interval between Onset & Death | |
| | d. | | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Non-insulin-dependent diabetes mellitus, Obesity, Hypertension, Congestive heart failure | | | |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown |

Notes of death certification:

In this case, noninsulin-dependent diabetes mellitus, obesity, hypertension, and congestive heart failure would all be considered factors that contributed to the death. However, they would not be in the direct causal sequence of Item 34, so they would be placed in Item 35.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 5

A 78-year old female with a temperature of 102.6° was admitted to the hospital from a nursing home. She first became a resident of the nursing home 2 years earlier following a cerebrovascular accident, which left her with a residual left hemiparesis. Over the next year, she became increasingly dependent on others to help her with activities of daily living, eventually requiring an in-dwelling bladder catheter 6 months before the current admission. For the 3 days prior to admission, she was noted to have lost her appetite and to have become increasingly withdrawn.

On admission to the hospital her leukocyte count was 19,700; she had pyuria and gram-negative rods were seen on a gram stain of the urine. Ampicillin and gentamicin were administered intravenously. On the third hospital day, admission blood cultures turned positive for *Pseudomonas aeruginosa*, which was resistant to ampicillin and gentamicin. Antibiotic therapy was changed to ticarcillin clavulanate, to which the organism was sensitive. Despite the antibiotics and intravenous fluid support, the patient's fever persisted. On the fourth hospital day, she became hypotensive and died.

This case illustrates that additional lines may be added to Item 34.

| Cause of Death (See instructions and examples) | | | |
|---|---|---|---|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. <u>Pseudomonas aeruginosa sepsis</u> Due to (or as a consequence of): | Interval between Onset & Death days | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. <u>Pseudomonas aeruginosa urinary tract infection</u> Due to (or as a consequence of): | Interval between Onset & Death days | |
| | c. <u>In-dwelling bladder catheter</u> Due to (or as a consequence of): | Interval between Onset & Death 6 months | |
| | d. <u>Left hemiparesis</u> e. <u>Old cerebrovascular accident</u> | Interval between Onset & Death 2 years 2 years | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | |
| 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | | | |

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 6

A 34-year-old male was admitted to the hospital with severe shortness of breath. He had a 9-month history of unintentional weight loss, night sweats, and diarrhea. The patient had no history of any medical condition that would cause immunodeficiency. An Elisa test and confirmatory Western Blot test for human immunodeficiency virus (HIV) were positive. T-lymphocyte tests indicated a low T helper-suppressor ratio. A lung biopsy was positive for *pneumocystis carinii* pneumonia (PCP), indicating a diagnosis of acquired immunodeficiency syndrome (AIDS).

The patient's pneumonia responded to pentamidine therapy, and the patient was discharged. The patient had two additional admissions for PCP. Seventeen months after the patient was first discovered to be HIV positive, he again developed PCP but did not respond to therapy. He died 2 weeks later.

| Cause of Death (See instructions and examples) | | | |
|--|---|--|---|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Pneumocystis carinii pneumonia | | Interval between Onset & Death 2 weeks |
| | Due to (or as a consequence of): | | Interval between Onset & Death |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Acquired immunodeficiency syndrome | | 17 months |
| | Due to (or as a consequence of): | | Interval between Onset & Death |
| | c. HIV infection | | Over 17 months |
| | Due to (or as a consequence of): | | Interval between Onset & Death |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Notes on death certification:

By definition, AIDS is due to HIV infection; even though it may seem redundant to specify HIV infection in the causal sequence death, it is desirable to do so. HIV infection and AIDS are not synonymous, and there is a variable clinical course between the time of HIV infection and onset of AIDS.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 7

A 75-year-old male had a 10-year history of chronic bronchitis associated with smoking two packs of cigarettes a day for more than 40 years. When seen by his physician approximately 2 years prior to his terminal episode, he had moderately reduced FEV₁ and FVC with no response to bronchodilators. During his last year, he required corticosteroids to prevent wheezing and coughing at night; however, he was unable to reduce smoking to less than one pack of cigarettes per day. When seen 3 months prior to his terminal episode, he had significantly reduced FEV₁ and FVC with no response to bronchodilators. He awoke one evening complaining to his wife about coughing and shortness of breath. He was taken to the emergency room where he was found to have an acute exacerbation of obstructive airways disease. He was admitted to the hospital. At the patient's request, no mechanical ventilation was employed, and he died 12 hours later in respiratory arrest.

| Cause of Death (See instructions and examples) | | | |
|---|--|---|--|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Acute exacerbation of obstructive airway disease Due to (or as a consequence of): | Interval between Onset & Death 12 hours | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Chronic bronchitis Due to (or as a consequence of): | Interval between Onset & Death 10 years | |
| | c. Due to (or as a consequence of): | Interval between Onset & Death | |
| | d. Due to (or as a consequence of): | Interval between Onset & Death | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above Cigarette smoking | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown |

Notes on death certification:

In this case, respiratory arrest is considered a mechanism of death, and it would not be listed as the Immediate Cause of Death.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 8

A 75-year-old female had a 15-year history of non-insulin-dependent diabetes, a 13-year history of mild hypertension treated with thiazide diuretics, and an uncomplicated myocardial infarction 6 years prior to the present illness. She was found disoriented in her apartment and brought to the hospital. On admission she was noted to be unresponsive, without focal neurologic signs, and severely dehydrated with a blood pressure of 90/60. Initial laboratory test disclosed severe hyperglycemia, hyperosmolarity, azotemia, and mild ketosis without acidosis. A diagnosis of hyperosmolar nonketotic coma was made.

The patient was vigorously treated with fluids, electrolytes, insulin, and broad-spectrum antibiotics, although no source for infection was documented. Within 72 hours, the patient's hyperosmolar, hyperglycemic state was resolved. However, she remained anuric with progressive azotemia. Attempts at renal dialysis were unsuccessful, and the patient expired on the 8th hospital day in severe renal failure.

| Cause of Death (See instructions and examples) | | | |
|--|--|--|---|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Acute renal failure | | Interval between Onset & Death 5 days |
| | Due to (or as a consequence of): | | Interval between Onset & Death |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Hyperosmolar nonketotic coma | | Interval between Onset & Death 8 days |
| | Due to (or as a consequence of): | | Interval between Onset & Death |
| | c. Diabetes mellitus, non-insulin-dependent | | Interval between Onset & Death 15 years |
| | Due to (or as a consequence of): | | Interval between Onset & Death |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Hypertension, Previous myocardial infarction | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Notes on death certification:

In this case, hypertension and a previous myocardial infarction would both be considered factors that contributed to death. However, they would not be in the direct causal sequence of Item 34, so they would be placed in Item 35.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 9

This 53-year-old male was admitted to his local hospital following 2 days of intermittent mid-epigastric and left-sided chest pain. The pain radiated to his left arm and was accompanied by nausea and vomiting. He gave a history that included 2 years of occasional chest discomfort, a near syncopal episode 6 months prior, hypertension, a 30-year history of one-pack-per-day cigarette smoking, congenital blindness, and insulin-dependent diabetes mellitus. He was noted to be markedly obese and to have severe hypercholesterolemia.

At the time of his admission, his enzyme studies were normal, but the EKG suggested myocardial ischemia. Two days later, he experienced an episode of severe chest pain that did not respond to nitroglycerin and was accompanied by ST-segment elevation. A cardiac catheterization demonstrated severe multivessel coronary artery stenosis. He underwent a quadruple coronary artery bypass surgery. Shortly, after being taken off the cardiopulmonary bypass machine, he went into cardiac arrest. As resuscitation was being attempted by open cardiac massage, a rupture developed in his ventricular wall that resulted in rapid exsanguination and death.

| Cause of Death (See instructions and examples) | | | |
|---|--|---|--|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Rupture of left ventricle Due to (or as a consequence of): | Interval between Onset & Death Minutes | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Myocardial infarction Due to (or as a consequence of): | Interval between Onset & Death 2 days | |
| | c. Coronary atherosclerosis Due to (or as a consequence of): | Interval between Onset & Death 2 years | |
| | d. | Interval between Onset & Death | |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above Insulin-dependent diabetes mellitus, Cigarette smoking, Hypertension, Hypercholesterolemia, Coronary bypass surgery | | 36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown |

Notes on death certification:

In this case, insulin-dependent diabetes mellitus, cigarette smoking, hypertension, and hypercholesterolemia would all be considered factors that contributed to the death. However, they would not be in the direct causal sequence of Item 34, so they would be placed in Item 35. The surgery probably played a role in death but did not cause the coronary artery disease, so it is also listed in Item 35.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 10

A 1,480-gram male infant was born at 32-weeks gestation to a 20-year-old primiparous woman. Newborn screening found elevated levels of immunoreactive trypsinogen in the blood. The infant developed respiratory distress syndrome and required mechanical ventilation for 7 days. Despite receiving adequate calories for growth, the infant gained weight poorly and had persistent diarrhea. Steatorrhea was confirmed upon microscopic examination. Results from a sweat chloride test given on the 21st day after birth were negative, but the patient had an elevated sweat chloride concentration of 85 millimoles per liter when the test was repeated at 35 days of age. On the 37th day after birth, the infant became lethargic and was noted to be edematous. *Escherichia coli* was cultured from the infant's cerebral spinal fluid, total serum proteins were reported to be low, and clotting studies were prolonged. The infant died at 45 days of age despite appropriate life-saving efforts. Gross autopsy confirmed the clinical impression of cystic fibrosis.

| Cause of Death (See instructions and examples) | | | |
|--|---|--|---|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Escherichia coli meningitis | Interval between Onset & Death 7 days | |
| | Due to (or as a consequence of): | Interval between Onset & Death | |
| Sequentially list conditions, if any, leading to the cause listed on line a. | b. Cystic fibrosis | 45 days | |
| Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | Due to (or as a consequence of): | Interval between Onset & Death | |
| | c. | Interval between Onset & Death | |
| | Due to (or as a consequence of): | Interval between Onset & Death | |
| | d. | Interval between Onset & Death | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Prematurity, Malabsorption, Respiratory distress syndrome, Failure to thrive | | | |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Notes on death certification:

In this case, prematurity, malabsorption, respiratory distress syndrome, and failure to thrive would all be considered factors that contributed to the death. However, they would not be in the direct causal sequence of Item 34, so they would be placed in Item 35.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 11

A 30-year-old, gravida-six, para-five, woman with a history of gestational hypertension, reported to the emergency room at 36 weeks gestation with complaints of abdominal cramping and light vaginal bleeding during the past 12 hours. At the time of first assessment, fetal heart tones were detected. The uterus was tense, irritable, and tender. The mother was hypotensive with tachycardia. A presumptive diagnosis of abruptio placenta was made, and an emergency cesarean section was performed under general anesthesia. The baby was stillborn. The mother continued to bleed from her uterus and phlebotomy sites and went into profound shock secondary to disseminated intravascular coagulation. Despite administration of blood and clotting factors, intravascular pressure could not be maintained, and the mother died on the operating table. Maternal autopsy confirmed the clinical diagnosis.

A death certificate would be completed for the mother and a fetal death report for the fetus. The cause of fetal death is reported using a different format. Refer to the section “Completing the Items on Fetal Death Certificate.”

Maternal death certificate:

| Cause of Death (See instructions and examples) | | | |
|--|--|--|---|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Hemorrhagic shock Due to (or as a consequence of): | Interval between Onset & Death Minutes | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Disseminated intravascular coagulopathy Due to (or as a consequence of): | Interval between Onset & Death Hour | |
| | c. Abruptio placenta Due to (or as a consequence of): | Interval between Onset & Death Over 13 hours | |
| | d. | Interval between Onset & Death | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above Gestational hypertension, 36 weeks into pregnancy | | 36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input checked="" type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Notes on death certification:

In this case, gestational hypertension would be considered a factor that contributed to the death. However, it would not be in the direct causal sequence of Item 34, so it would be placed in Item 35.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Fetal death certificate:

| | | |
|--|--|---|
| <p>30. Initiating Cause/Condition (Among the choices below, please select the <u>ONE</u> which most likely Began the sequence of events resulting in the death of the fetus)</p> <p>1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify)</p> <hr style="border-top: 1px dashed black;"/> <p>2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Rupture of membranes prior to onset of labor <input checked="" type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) </p> <hr style="border-top: 1px dashed black;"/> <p>3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify)</p> <hr style="border-top: 1px dashed black;"/> <p>4 <input type="checkbox"/> Fetal Anomaly (Specify)</p> <hr style="border-top: 1px dashed black;"/> <p>5 <input type="checkbox"/> Fetal Injury (Specify)</p> <hr style="border-top: 1px dashed black;"/> <p>6 <input type="checkbox"/> Fetal Infection (Specify)</p> <hr style="border-top: 1px dashed black;"/> <p>7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify)</p> <hr style="border-top: 1px dashed black;"/> <p>8 <input type="checkbox"/> Unknown</p> | <p>31. Other Significant Causes or Conditions (Select or specify all other conditions contributing to death)</p> <p>1 <input checked="" type="checkbox"/> Maternal Conditions/Diseases (Specify)</p> <p style="margin-left: 20px;">Gestational hypertension</p> <hr style="border-top: 1px dashed black;"/> <p>2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) </p> <hr style="border-top: 1px dashed black;"/> <p>3 <input checked="" type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify)</p> <p style="margin-left: 20px;">Hemorrhagic shock, disseminated intravascular coagulopathy</p> <hr style="border-top: 1px dashed black;"/> <p>4 <input type="checkbox"/> Fetal Anomaly (Specify)</p> <hr style="border-top: 1px dashed black;"/> <p>5 <input type="checkbox"/> Fetal Injury (Specify)</p> <hr style="border-top: 1px dashed black;"/> <p>6 <input type="checkbox"/> Fetal Infection (Specify)</p> <hr style="border-top: 1px dashed black;"/> <p>7 <input checked="" type="checkbox"/> Other Fetal Conditions/Disorders (Specify)</p> <p style="margin-left: 20px;">Severe hypoxia</p> <hr style="border-top: 1px dashed black;"/> <p>8 <input type="checkbox"/> Unknown</p> | |
| <p>32. Estimated Time of Fetal Death</p> <p>1 <input checked="" type="checkbox"/> Dead at first assessment, no labor ongoing</p> <p>2 <input type="checkbox"/> Dead at first assessment, labor ongoing</p> <p>3 <input type="checkbox"/> Died during labor, after first assessment</p> <p>4 <input type="checkbox"/> Unknown time of fetal death</p> | <p>33. Was an autopsy performed?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned</p> | <p>34. Was a histological placental examination performed?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned</p> |
| <p>35. Were autopsy or histological placental examination results used in determining the cause of death?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | |

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 12

A 92-year-old male was found dead in bed. He had no significant medical history. Autopsy disclosed minimal coronary disease and generalized atrophic changes commonly associated with aging. No specific cause of death was identified. Toxicology was negative.

| Cause of Death (See instructions and examples) | | | |
|---|--|---|--|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Undetermined natural causes Due to (or as a consequence of): | Interval between Onset & Death | Unknown |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Due to (or as a consequence of): | Interval between Onset & Death | c. Due to (or as a consequence of): |
| d. Due to (or as a consequence of): | Interval between Onset & Death | 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | |
| 36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |

Note: In some cases, no overwhelming cause presents itself. It is acceptable to indicate that a thorough investigation was performed; however, no cause could be determined.

Examples of Cause-of-Death Certification

Case History No. 13

A 102-year-old female was brought to the hospital because her word combinations were not comprehensible. However, at admission, her sentences were lucid. She was placed on blood anticoagulants. She had a history of arthritis, hypertension, blocked arteries, coronary thrombosis (25 years before), stroke (10 years before), periodic TIAs (8-year period), and congestive heart failure (hospitalized 6 years before). On the fourth day in the hospital, a colonoscopy indicated internal bleeding, so the anticoagulant was discontinued. She was released from the hospital after 7 days. After discharge, language and motor skills were impaired although functioning was better earlier in the day; moreover, her leg coloration started changing. After a week at home, the woman was re-admitted to the hospital following a spell of vomiting. Vascular imaging indicated that circulation was blocked at the groin, there was no improvement in language, ability to eat and keep food down deteriorated, and heart rate periodically was arrhythmic with periods of third-degree heart block. After a week of hospitalization, she was sent home under hospice care and died 2 days later. Her attending physician completed the death certificate.

| Cause of Death (See instructions and examples) | | | |
|--|--|--|---|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | a. Congestive heart failure | Interval between Onset & Death 7 years | |
| | Due to (or as a consequence of): | Interval between Onset & Death | |
| | b. Coronary heart disease | 25 years | |
| | Due to (or as a consequence of): | Interval between Onset & Death | |
| | c. | Interval between Onset & Death | |
| | Due to (or as a consequence of): | Interval between Onset & Death | |
| | d. | | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Hypertension, Atrial fibrillation | | | |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 14

On January 2, 2004, a 21-year-old female was critically injured in an automobile accident and died from a fractured skull causing a cerebral contusion soon after being brought to the hospital. Police records indicated she was the driver in a two-vehicle collision that occurred at 2:14 AM at the corner of 21st Street and Ash Street. The decedent crossed the center line and struck an oncoming pickup truck head on. Autopsy showed injuries and blood ethanol of 0.240 grams percent.

| Cause of Death (See instructions and examples) | | | |
|---|---|---|--|
| 34. Enter the <u>chain of events</u> – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final → disease or condition resulting in death) | a. Cerebral contusion Due to (or as a consequence of): | Interval between Onset & Death 30 minutes | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | b. Fractured skull Due to (or as a consequence of): | Interval between Onset & Death 30 minutes | |
| | c. Blunt impact to head Due to (or as a consequence of): | Interval between Onset & Death 30 minutes | |
| | d. Collision of a car and pickup truck Due to (or as a consequence of): | Interval between Onset & Death 30 minutes | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above Acute ethanol intoxication | | 36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | 39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 1. Date of Injury (MM/DD/YYYY) 01/02/2003 | 42. Hour of Injury (24hrs) 0215 | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) City street | 44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk |
| 45. Location of Injury: Number & Street: 21st and Ash Street Apt No. _____ City or Town: Olympia County: Thurston State: WA Zip Code+ 4: 98504 | | | |
| 46. Describe how injury occurred Decedent unrestrained driver of car that collided with a pickup truck. Decedent crossed line and hit oncoming vehicle head on. | | 47. If transportation injury, specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | |

Common problems in death certification

Often several acceptable ways of writing a cause-of-death statement exist. Optimally, a certifier will be able to provide a simple description of the process leading to death that is etiologically clear and be confident that this is the correct sequence of causes. However, realistically, description of the process is sometimes difficult because the certifier is not certain.

In this case, the certifier should think through the causes about which he/she is confident and what possible etiologies could have resulted in these conditions. The certifier should select the causes that are suspected to have been involved and use words such as “probable” or “presumed” to indicate that the description provided is not completely certain. If the initiating condition reported on the death certificate could have arisen from a pre-existing condition, but the certifier cannot determine the etiology, he/she should state that the etiology is unknown, undetermined, or unspecified, so it is clear that the certifier did not have enough information to provide even a qualified etiology. Reporting a cause of death as unknown should be a last resort.

The elderly decedent should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Item 35. “Multiple system failure” could be included in Item 35, but the systems need to be specified to ensure that the information is captured. If, after careful consideration, the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

The infant decedent should have a clear and distinct etiological sequence for cause of death, if possible. “Prematurity” should not be entered without explaining the etiology of the prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant’s death certificate (e.g., hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother’s abdomen).

When Sudden Infant Death Syndrome (SIDS) is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, review of clinical history, and a complete autopsy, the death then can be reported as SIDS.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Most certifiers will find themselves, at some point, in the circumstance in which they are unable to provide a simple description of the process of death. In this situation, the certifier should try to provide a clear sequence, qualify the causes about which he/she is uncertain, and be able to explain the certification chosen.

When processes such as the following are reported, additional information about the etiology should be reported:

| | | | |
|-------------------------------------|---|-----------------------------------|--------------------------|
| Abdominal hemorrhage | Chronic bedridden state | Hyperkalemia | Subdural hematoma |
| Abscess | Cirrhosis | Hyponatremia | Subarachnoid Hemorrhage |
| Acute myocardial infarction | Coagulopathy | Hypotension | Tachycardia |
| Adhesions | Compression fracture | Immunosuppression | Thrombocytopenia |
| Adult respiratory distress syndrome | Congestive heart failure | Increased intracranial pressure | Uncal herniation |
| Altered mental status | Convulsions | Intracranial hemorrhage | Urinary tract infection |
| Anemia | Decubiti | Malnutrition | Ventricular fibrillation |
| Anoxia | Dehydration | Metabolic encephalopathy | Ventricular tachycardia |
| Anoxic encephalopathy | Dementia (when not otherwise specified) | Multi-organ failure | Volume depletion |
| Arrhythmia | Diarrhea | Multi-system organ failure | |
| Ascites | Disseminated intravascular coagulopathy | Myocardial infarction | |
| Aspiration | Dysrhythmia | Necrotizing soft-tissue infection | |
| Atrial fibrillation | Encephalopathy | Open (or closed) head injury | |
| Bacteremia | End-stage liver disease | Organic brain syndrome | |
| Bedridden | End-stage renal disease | Pancytopenia | |
| Biliary obstruction | Epidural hematoma | Paralysis | |
| Bowel obstruction | Exsanguination | Perforated gallbladder | |
| Bradycardia | Failure to thrive | Peritonitis | |
| Brain injury | Fracture | Pleural effusions | |
| Brain stem herniation | Gangrene | Pneumonia | |
| Carcinogenesis | Gastrointestinal hemorrhage | Pulmonary edema | |
| Carcinomatosis | Heart failure | Pulmonary embolism | |
| Cardiac dysrhythmia | Hemothorax | Pulmonary insufficiency | |
| Cardiomyopathy | Hepatic failure | Renal failure | |
| Cellulitis | Hepatitis | Respiratory failure | |
| Cerebral edema | Hepatorenal syndrome | Seizures | |
| Cerebrovascular accident | Hyperglycemia | Sepsis | |
| Cerebellar tonsillar herniation | | Septic shock | |
| | | Shock | |

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so its clear that a distinct etiology was not inadvertently or carelessly omitted.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

The following conditions and types of death might seem to be specific or natural. However, when the medical history is examined further it may be found to be complications of an injury or poisoning (possibly occurring long ago). **Such cases should be reported to the medical examiner or coroner.**

Asphyxia
Bolus
Choking
Drug or alcohol
overdose/abuse

Epidural hematoma
Exsanguination
Fall
Fracture
Hip fracture

Hyperthermia
Hypothermia
Open reduction of
fracture
Pulmonary emboli
Seizure disorder

Sepsis
Subarachnoid
hemorrhage
Subdural
hematoma
Surgery
Thermal
burns/chemical
burns

Completing the cause of fetal death

The physician or midwife in attendance at the time of the fetal death is responsible for signing his or her name in Item 20 of the fetal death certificate. He or she is also responsible for completing the cause-of-fetal-death section in Items 30 - 35. The medical attendant also checks the medical and health information on the certificate.

A facsimile of the section on cause of fetal death of the fetal death certificate is shown below. It is designed to facilitate the reporting of the causes of fetal death and places upon the medical certifier the responsibility for indicating the conditions and events resulting in the fetal death.

| | | | |
|---|--|---|--|
| 30. Initiating Cause/Condition <i>(Among the choices below, please select the <u>ONE</u> which most likely began the sequence of events resulting in the death of the fetus)</i> | | 31. Other Significant Causes or Conditions <i>(Select or specify all other conditions contributing to death)</i> | |
| 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) | | 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) | |
| 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) | | 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) | |
| 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) | | 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) | |
| 4 <input type="checkbox"/> Fetal Anomaly (Specify) | | 4 <input type="checkbox"/> Fetal Anomaly (Specify) | |
| 5 <input type="checkbox"/> Fetal Injury (Specify) | | 5 <input type="checkbox"/> Fetal Injury (Specify) | |
| 6 <input type="checkbox"/> Fetal Infection (Specify) | | 6 <input type="checkbox"/> Fetal Infection (Specify) | |
| 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) | | 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) | |
| 8 <input type="checkbox"/> Unknown | | 8 <input type="checkbox"/> Unknown | |
| 32. Estimated Time of Fetal Death 1 <input type="checkbox"/> Dead at first assessment, no labor ongoing 2 <input type="checkbox"/> Dead at first assessment, labor ongoing 3 <input type="checkbox"/> Died during labor, after first assessment 4 <input type="checkbox"/> Unknown time of fetal death | | 33. Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned | |
| | | 34. Was a histological placental examination performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned | |
| | | 35. Were autopsy or histological placental examination results used in determining the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

The cause-of-death section consists of two parts. The initiating cause/condition (Item 30) is for reporting a single condition that most likely began the sequence of events resulting in the death of the fetus. Other significant causes or conditions (Item 31) include all other conditions contributing to death. These conditions may be conditions that are triggered by the initiating cause (Item 30) or causes that are not among the sequence of events triggered by the initiating cause (Item 30).

The cause-of-death should be the medical certifier's best medical opinion. Report a specific condition in the space most appropriate to the given situation. A condition can be listed as "probable" if it has not been definitively diagnosed. In reporting the cause of fetal death, conditions in the fetus or mother, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus.

The American College of Obstetrics and Gynecology Technical bulletin number 176 provides guidelines on a full investigation of a fetal death.

For statistical and research purposes, it is important that the reporting of the medical information on the fetal death report be specified as precisely as possible. Cause of death is used for medical and epidemiological research on disease etiology and to evaluate the effectiveness of diagnostic and therapeutic techniques. It is a measure of health status at local, state, national, and international levels.

Instructions for completing cause of fetal death

Cause-of-death information should be the medical certifier's best medical opinion. Abbreviations and parenthetical statements should be avoided in reporting causes of death. The terminal event should not be used. The medical certifier should report the initiating cause of the terminal event in Item 30.

If two or more possible sequences resulted in death, or if two conditions seem to have an interactive effect, the condition that most directly caused death, in the opinion of the certifier, should be reported in Item 30.

If an organ system failure is listed as a cause of death, always report the etiology. Always report the fatal injury (e.g., stab wound of mother's abdomen), the trauma, and impairment of function.

In Item 31, report all diseases or conditions contributing to death that were not reported in 30 and that did not result in the initiating cause of death.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Specify conditions as fetal or maternal

The conditions are set up to facilitate reporting maternal conditions on the “Maternal Conditions/Disease (Specify)” lines and fetal conditions and obstetrical or pregnancy complications on the remaining lines.

Supplemental report of cause of fetal death

In many instances, information on the cause of fetal death may be pending further study of tissue or autopsy results, cytogenetic study, or a pathology report. When additional information is obtained, **you must complete and file an *Affidavit for Correction* with the Local or State Registrar as soon as the additional information is available.**

Other items for medical certification

Additional information required from the medical certifier includes estimated time of fetal death (Item 32), was an autopsy performed? (Item 33), was a histological placental examination performed? (Item 34), and were autopsy or histological placental examination results used in determining the cause of death? (Item 35).

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Examples of fetal death causes

Case History No. 15

The mother was a 29-year-old gravida 1, para 0 woman with a history of drug abuse. She had a normal pregnancy until 28 weeks gestation when hydramnios was noted. Ultrasonography suggested anencephaly. No fetal movement was noted, nor were fetal heart sounds audible. Labor was induced, and a stillborn anencephalic fetus weighing 1,100 grams was delivered.

| | | | |
|---|--|---|--|
| 30. Initiating Cause/Condition <i>(Among the choices below, please select the <u>ONE</u> which most likely Began the sequence of events resulting in the death of the fetus)</i> | | 31. Other Significant Causes or Conditions <i>(Select or specify all other conditions contributing to death)</i> | |
| 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) | | 1 <input checked="" type="checkbox"/> Maternal Conditions/Diseases (Specify) maternal drug use | |
| 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) | | 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) | |
| 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) | | 3 <input checked="" type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) Intrauterine anoxia | |
| 4 <input checked="" type="checkbox"/> Fetal Anomaly (Specify) Anencephaly | | 4 <input type="checkbox"/> Fetal Anomaly (Specify) | |
| 5 <input type="checkbox"/> Fetal Injury (Specify) | | 5 <input type="checkbox"/> Fetal Injury (Specify) | |
| 6 <input type="checkbox"/> Fetal Infection (Specify) | | 6 <input type="checkbox"/> Fetal Infection (Specify) | |
| 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) | | 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) | |
| 8 <input type="checkbox"/> Unknown | | 8 <input type="checkbox"/> Unknown | |
| 32. Estimated Time of Fetal Death 1 <input checked="" type="checkbox"/> Dead at first assessment, no labor ongoing 2 <input type="checkbox"/> Dead at first assessment, labor ongoing 3 <input type="checkbox"/> Died during labor, after first assessment 4 <input type="checkbox"/> Unknown time of fetal death | | 33. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned | |
| | | 34. Was a histological placental examination performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned | |
| 35. Were autopsy or histological placental examination results used in determining the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

Note: The drug(s) should be specified when known.

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Case History No. 16

The mother had a normal pregnancy until 28 weeks gestation when she noticed the absence of fetal movement, which was confirmed by ultrasound. There were no audible fetal heart sounds. Labor was induced and the mother was delivered of a 900-gram fetus, apparently female, delivered after prostaglandin.

The facies was abnormal with depressed nasal bridge, anteverted nostrils, small mouth, small posteriorly rotated ears, and midline frontal bossing. There was an umbilical hernia and a sacral neural tube defect (meningocele). The external genitalia were ambiguous. There was syndactyly of toes 2+3, and rocker bottom feet bilaterally. The fingers were short and edematous; there were no flexion creases on the palms of either hand.

Gross autopsy revealed internally that the genitalia were those of a normal male. The adrenals were small. There were several accessory spleens, partial malrotation of the gut and an atrial septal defect. The placenta had trophoblastic cysts. Tissues (muscle and fetal membranes) were taken for future chromosome analysis.

| | | | | | |
|--|--|--|--|--|--|
| 30. Initiating Cause/Condition <i>(Among the choices below, please select the <u>ONE</u> which most likely Began the sequence of events resulting in the death of the fetus)</i> 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) _____ 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) _____ 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) _____ 4 <input checked="" type="checkbox"/> Fetal Anomaly (Specify) Probable chromosome anomaly- pending Cytogenetics report 5 <input type="checkbox"/> Fetal Injury (Specify) _____ 6 <input type="checkbox"/> Fetal Infection (Specify) _____ 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) _____ 8 <input type="checkbox"/> Unknown | 31. Other Significant Causes or Conditions <i>(Select or specify all other conditions contributing to death)</i> 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) _____ 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) _____ 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) _____ 4 <input checked="" type="checkbox"/> Fetal Anomaly (Specify) Multiple congenital anomaly syndrome 5 <input type="checkbox"/> Fetal Injury (Specify) _____ 6 <input type="checkbox"/> Fetal Infection (Specify) _____ 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) _____ 8 <input type="checkbox"/> Unknown | | | | |
| 32. Estimated Time of Fetal Death 1 <input checked="" type="checkbox"/> Dead at first assessment, no labor ongoing 2 <input type="checkbox"/> Dead at first assessment, labor ongoing 3 <input type="checkbox"/> Died during labor, after first assessment 4 <input type="checkbox"/> Unknown time of fetal death | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 33. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned </td> <td style="width: 50%; padding: 5px;"> 34. Was a histological placental examination performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Planned </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> 35. Were autopsy or histological placental examination results used in determining the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </table> | 33. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned | 34. Was a histological placental examination performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Planned | 35. Were autopsy or histological placental examination results used in determining the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 33. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned | 34. Was a histological placental examination performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Planned | | | | |
| 35. Were autopsy or histological placental examination results used in determining the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |

Death and Fetal Death Registration Handbook

Examples of Cause-of-Death Certification

Two weeks later a chromosome analysis report became available that provided a diagnosis of triploidy, karyotype XXY. An *Affidavit for Correction* stating the cause-of-death was filed with the Local Registrar of Vital Statistics.

| | | |
|---|---|--|
| 30. Initiating Cause/Condition <i>(Among the choices below, please select the <u>ONE</u> which most likely Began the sequence of events resulting in the death of the fetus)</i> 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) <hr style="border-top: 1px dashed black;"/> 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) <hr style="border-top: 1px dashed black;"/> 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) <hr style="border-top: 1px dashed black;"/> 4 <input checked="" type="checkbox"/> Fetal Anomaly (Specify) Triploid syndrome XXY <hr style="border-top: 1px dashed black;"/> 5 <input type="checkbox"/> Fetal Injury (Specify) <hr style="border-top: 1px dashed black;"/> 6 <input type="checkbox"/> Fetal Infection (Specify) <hr style="border-top: 1px dashed black;"/> 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) <hr style="border-top: 1px dashed black;"/> 8 <input type="checkbox"/> Unknown | 31. Other Significant Causes or Conditions <i>(Select or specify all other conditions contributing to death)</i> 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) <hr style="border-top: 1px dashed black;"/> 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) <hr style="border-top: 1px dashed black;"/> 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) <hr style="border-top: 1px dashed black;"/> 4 <input checked="" type="checkbox"/> Fetal Anomaly (Specify) Multiple congenital anomaly syndrome <hr style="border-top: 1px dashed black;"/> 5 <input type="checkbox"/> Fetal Injury (Specify) <hr style="border-top: 1px dashed black;"/> 6 <input type="checkbox"/> Fetal Infection (Specify) <hr style="border-top: 1px dashed black;"/> 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) <hr style="border-top: 1px dashed black;"/> 8 <input type="checkbox"/> Unknown | |
| 32. Estimated Time of Fetal Death 1 <input checked="" type="checkbox"/> Dead at first assessment, no labor ongoing 2 <input type="checkbox"/> Dead at first assessment, labor ongoing 3 <input type="checkbox"/> Died during labor, after first assessment 4 <input type="checkbox"/> Unknown time of fetal death | 33. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Planned 35. Were autopsy or histological placental examination results used in determining the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 34. Was a histological placental examination performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned |

Death and Fetal Death Registration Handbook

Common Problems in Fetal Death Certification

Common problems in fetal death certification

Uncertainty

Often several acceptable ways of writing a cause-of-death statement exist. Optimally, a certifier will be able to provide a simple description of the initiating cause and other contributing causes that is etiologically clear and to be confident that this is correct. However, realistically, description of the process is sometimes difficult because the certifier is not certain.

In this case, the certifier should think through the causes about which he/she is confident and what possible etiologies could have resulted in these conditions. The certifier should select the causes that are suspected to have been involved and use words such as “probable” or “presumed” to indicate that the description provided is not completely certain. Causes of death on the fetal death report should not include terms such as “prematurity” without explaining the etiology because they have little value for public health or medical research.

Reporting a cause of fetal death as unknown should be a last resort.

When a number of conditions or multiple organ/system failure resulted in death, the medical certifier should choose a single condition which most likely began the sequence of events resulting in the fetal death and list the other conditions in Item 31 of the certification section. “Multiple system failure” could be included as an “other significant cause or condition,” but also specify the systems involved to ensure that the detailed information is captured. Maternal conditions may have initiated or affected the sequence that resulted in a fetal death. These maternal conditions should be reported in the cause-of-death statement in addition to the fetal causes.

Avoid ambiguity

Most certifiers will find themselves, at some point, unable to provide a simple description of the process of death. In this situation, the certifier should try to provide an initiating condition, qualify the causes about which he/she is uncertain, and be able to explain the certification chosen.

When conditions such as the following are reported, information about the etiology should be reported if possible:

| | | |
|-------------|-----------------|----------------------|
| Unknown | Immaturity | Intrauterine hypoxia |
| Prematurity | Low birthweight | |

Death and Fetal Death Registration Handbook
Common Problems in Fetal Death Certification

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probably, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

Mechanism of death

Mechanistic terminal events such as respiratory failure preferably should not be the initiating cause in a cause-of-death statement. Please enter the condition that triggered the events resulting in this terminal event as the initiating cause.

Death and Fetal Death Registration Handbook

Appendices

Death and Fetal Death Registration Handbook

Appendix A. Policy/Procedures

Department of Health/EHS-PHL/Center for Health Statistics Policy/Procedure

| | |
|-----------------|--|
| Number: | CHS-D1 |
| Title: | Out-of-County Death, In-County Disposition |
| References: | RCW 70.58.230 |
| Contact: | Carol Armstrong |
| Effective Date: | April 4, 1990 |
| Supersedes: | |
| Approved: | Rowena Wilson-Canty |
| | Director, Center for Health Statistics |

Policy Statement:

The policy of the Department of Health/Center for Health Statistics is to have an established, formalized procedure by which a funeral home will process a death certificate when a body is removed from the county of death for disposition in another registration district.

Policies:

- I. RCW 70.58.230 requires the filing a burial transit permit or notice of removal from a local registrar of the county where the human remains were found before disposition or removal to a location outside of the that county can take place. This law provides that a funeral director or embalmer licensed by the State of Washington may remove human remains for burial in another county of the State if he or she files a notice of removal in the county where the death occurred.

Procedure:

Responsibility

Funeral Director or Licensed
Embalmer

Action

1. Funeral home personnel picks up human remains in another county.
2. Funeral home has two options:
 - File a complete and accurate death certificate with the county of death's Local Registrar and receive the burial transit permit that same day to accompany the body as it is transported from the county where the death occurred or
 - File or mail a notice of removal form to the county where the death occurred within 24 hours
 - * In this case, the local funeral home fills out a notice of removal form. This document allows the funeral home to move a body from one registration district to another district without a burial transit permit. The notice is signed by the funeral director or embalmer and contains the name and address of the local registrar of the county where disposition of the human remains will take place.
3. The funeral home files the complete and accurate death certificate with the Local Registrar in the county where the disposition will take place.
4. The Local Registrar in the county of disposition scans the death certificate for completeness, then stamps only the burial transit permit. They stamp the

Local Deputy Registrar in
County of Disposition

Death and Fetal Death Registration Handbook

“Registrar Address”, “Registrar Signature”, and “Date Signed”. The Local Registrar then writes “Emergency” in red ink in the large space above the burial/cremation date. They do not stamp the death certificate.

5. The Local Registrar charges the local funeral home \$1.00 for accepting the death certificate and issuing the burial transit permit.
6. The Local Registrar returns the burial transit permit to the local funeral home, permitting them to dispose of the body. The Local Registrar keeps the death Certificate and mails it for filing to the Local Registrar where the death occurred..
7. The Local Registrar files the death certificate.

Local Deputy Registrar in
County where death occurred

Death and Fetal Death Registration Handbook

Department of Health/EHS-PHL/Center for Health Statistics Policy/Procedure

| | |
|-----------------|--|
| Number: | CHS-D3 |
| Title: | Referral of Cases to County Medical Examiner's or County Coroner's Offices |
| References: | RCW 70.58.230 |
| Contact: | Carol Armstrong |
| Effective Date: | March 1, 1999 |
| Supersedes: | |
| Approved: | Teresa J. Jennings |
| | Director, Center for Health Statistics |

Policy Statement:

The policy of the Department of Health/Center for Health Statistics is to have an established, formalized procedure by which local deputy registrars refer death cases needing further investigation to their County's Medical Examiner, Coroners, or Coroner/Prosecutor.

County coroners are authorized to assume jurisdiction over deceased individuals when no physician is in attendance at the time of death. See RCW 70.58.170, RCW 70.58.180, and RCW 68.50.010. When a physician is in attendance at the time that the death occurs, that physician will certify the cause of death. However, there are circumstances when the coroner has jurisdiction over the body of the deceased individual even when an attending physician is in attendance. These circumstances are set forth in RCW 68.50.010.

The law does not specifically address the situation that arises when the coroner disagrees with the attending physician's cause of death. The attending physician is the favored certifier to the cause-of-death in non-traumatic circumstances. The coroner can amend the cause of death determined by an attending physician, but then must also assume the responsibility for certifying the cause of death.

If the coroner has assumed jurisdiction over the human remains and further investigation reveals that the cause of death determined by the attending physician is inaccurate, the most reasonable solution is to request that the attending physician review the investigation findings and amend the cause of death to reflect the additional information. If instances arise where the attending physician does not agree with the coroner's determination regarding the cause of death, the attending physician should be removed as the certifier and the coroner must sign the certificate, certifying the cause of death.

Authority:

1. RCW 68.50.010 Coroner's jurisdiction over remains. The jurisdiction of bodies of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; or where the circumstances of death indicate death was caused by unnatural or unlawful means; or where death occurs under suspicious circumstances; or where a coroner's autopsy or post mortem or coroner's inquest is to be held; or where death results from unknown or obscure causes, or where death occurs within one year following an accident; or where the death is caused by any violence whatsoever.
2. RCW 70.58.170 Certificate of death or fetal death--By whom filed. The funeral director or person in charge of interment...shall present the certificate of death to the physician last in attendance upon the deceased, or, if the deceased died without medical attendance, to the health officer, coroner, or prosecuting attorney having jurisdiction, who shall thereupon certify the cause of death according to his best knowledge and belief and shall sign the certificate of death or fetal death within two days after being presented with the certificate unless good cause for not signing the certificate within the two days can be established.

Death and Fetal Death Registration Handbook

3. RCW 70.58.180 Certificate when no physician in attendance-- Legally accepted cause of death. If the death occurred without medical attendance, the funeral director or person in charge of interment shall notify the coroner, or prosecuting attorney if there is no coroner in the county. If the circumstances suggest that the death or fetal death was caused by unlawful or unnatural causes or if there is no local health officer with jurisdiction, the coroner, or if none, the prosecuting attorney shall complete and sign the certification, noting upon the certificate that no physician was in attendance at the time of death. In case of any death without medical attendance in which there is no suspicion of death from unlawful or unnatural causes, the local health officer or his deputy, the coroner and if none, the prosecuting attorney, shall complete and sign the certification, noting upon the certificate that no physician was in attendance at the time of death, and noting the cause of death without the holding of an inquest or performing of an autopsy or post mortem, but from statements of relatives, persons in attendance during the last sickness, persons present at the time of death or other persons having adequate knowledge of the facts. The cause of death, the manner and mode in which death occurred, as noted by the coroner or if none, the prosecuting attorney or the health officer and incorporated in the death certificate filed with the bureau of vital statistics of the board of health shall be the legally accepted manner and mode by which the deceased came to his or her death and shall be the legally accepted cause of death.
4. RCW 70.58.190 Permit to dispose of body when cause of death undetermined. If the cause of death cannot be determined within three days, the certification of its cause may be filed after the prescribed period, but the attending physician, coroner, or prosecuting attorney shall give the local registrar of the district in which the death occurred written notice of the reason for the delay, in order that a permit for the disposition of the body may be issued if required.

Death and Fetal Death Registration Handbook

| Procedure: Responsibility | Action |
|---------------------------------------|--|
| Funeral Director or Licensed Embalmer | 1. Submits death certificate to local deputy registrar prior to disposition of the human remains. |
| Local Deputy Registrar | 2. Examines the cause-of-death portion of the death certificate for possible referral to the Medical Examiner or Coroner. <ul style="list-style-type: none"> The following causes are referred if they appear anywhere on the certificate: <i>Asphyxia, bolus, choking, emboli, embolus, exsanguination, fall, fracture, FX, ORIF (Open Reduction of Fracture), overdose, remote or old injuries (traffic, neck, etc.), surgery or surgical procedures, unknown</i> The following cases are referred if they appear without any underlying cause: <i>Cardiac arrest, cardiopulmonary arrest, emboli, embolus, pneumonia, pulmonary arrest, respiratory arrest, sepsis, subarachnoid hematoma, subdural hematoma, sudden death, old age, failure to thrive, starvation.</i> 3. If referral is required, returns original death certificate with burial transit permit attached to the funeral director and disallows disposition until investigation is completed or deferred and cause-of-death information is found to be satisfactory. |
| Funeral Director or Licensed Embalmer | 4. Takes original with burial transit permit attached to the County Medical Examiner or Coroner Office. |
| Medical Examiner or Coroner | 5. Determines if it requires further investigation or falls within the ME/Coroner's Office jurisdiction. If so, he investigates the death and either: <ul style="list-style-type: none"> Returns the original without change as no correction is needed; or Files an Affidavit of Correction to change the cause-of-death or add to the injury portion. ME/Coroner must sign as certifier; or If further investigation is needed, writes "Pending" in the "cause-of-death" portion and files the certificate with the local deputy registrar. When the investigation is complete, the ME/Coroner changes the cause-of-death using an Affidavit of Correction Works with the certifying physician, asking him or her to complete the injury portion or change/add more information to the cause-of-death. In this case, no Affidavit of Correction is needed and the ME/Coroner does not sign as certifier. 6. Returns death certificate to funeral director or licensed embalmer. |
| Funeral Director or Licensed Embalmer | 7. When cause-of-death is found to be satisfactory or pending investigation, re-submits death certificate to local deputy. |
| Local Deputy Registrar | 8. Files the death certificate. |

Death and Fetal Death Registration Handbook

Department of Health/EHS-PHL/Center for Health Statistics Policy/Procedure

| | |
|-----------------|--|
| Number: | CHS-D4 |
| Title: | Authority to Review and Sign Death Certificates and Burial Transit Permits; Use of Facsimile |
| References: | RCW 70.58.230 |
| Contact: | Carol Armstrong |
| Effective Date: | <i>June 1, 2000</i> |
| Supersedes: | |
| Approved: | Teresa J. Jennings |
| | Director, Center for Health Statistics |

Policy Statement:

The policy of the Department of Health/Center for Health Statistics is to have an established, formalized procedure by which death certificates, burial transit permits, and notice of removals are properly administered. In order to assure that the records are completed properly and in a timely manner, each signature must, as required by law, review and complete his or her duties within the framework of the law.

Review, by its nature, can only be accomplished if it is performed by a person other than the person completing the paperwork. Thus, the duties of local deputy registrars pertaining to the review of death certificates cannot be transferred to funeral home personnel. Where distance and travel make hand delivery difficult or costly, it is permissible to carry out the paperwork by facsimile (FAX).

It is possible for funeral home personnel to act as a sexton when they are carrying out disposition of human remains in a cemetery, burial grounds or crematorium that does not have a sexton in charge.

Authority:

1. RCW 70.58.030 Duties of local registrar...If any certificate of death is incomplete or unsatisfactory, the local registrar shall call attention to the defects in the return, and withhold issuing the burial-transit permit until it is corrected. If the certificate of death is properly executed and complete, he or she shall issue a burial-transit permit to the funeral director or person acting as such.
2. RCW 70.58.240 Duties of funeral directors. Each funeral director or person acting as such shall obtain a certificate of death and file the same with the local registrar, and secure a burial-transit permit, prior to any permanent disposition of the body. He shall obtain the personal and statistical particulars required, from the person best qualified to supply them. He shall present the certificate to the attending physician or in case the death occurred without any medical attendance, to the proper official for certification for the medical certificate of the cause of death and other particulars necessary to complete the record. He shall supply the information required relative to the date and place of disposition and he shall present the completed certificate to the local registrar, for the issuance of a burial-transit permit. He shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring the body; or shall attach the transit permit to the box containing the corpse, when shipped by any transportation company, and the permit shall accompany the corpse to its destination.

Death and Fetal Death Registration Handbook

3. *RCW 70.58.250 Burial-transit permit—Requisites . The burial-transit permit shall contain a statement by the local registrar and over his signature, that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or otherwise dispose of the body; stating the name of the deceased and other necessary details upon the form prescribed by the state registrar.*

4. *RCW 70.58.260 Burial grounds—Duties of sexton. It shall be unlawful for any person in charge of any premises in which bodies of deceased persons are interred, cremated or otherwise permanently disposed of, to permit the interment, cremation or other disposition of any body upon such premises unless it is accompanied by a burial, removal or transit permit as hereinabove provided. It shall be the duty of the person in charge of any such premises to, in case of the interment, cremation or other disposition of a body therein, endorse upon the permit the date and character of such disposition, over his signature, to return all permits so endorsed to the local registrar of his district within ten days from the date of such disposition, and to keep a record of all bodies disposed of on the premises under his charge, stating, in each case, the name of the deceased person, if known, the place of death, the date of burial or other disposition, and the name and address of the undertaker, which record shall at all times be open to public inspection, and it shall be the duty of every undertaker, or person acting as such, when burying a body in a cemetery or burial grounds having no person in charge, to sign the burial, removal or transit permit, giving the date of burial, write across the face of the permit the words “no person in charge”, and file the burial, removal or transit permit within ten days with the registrar of the district in which the cemetery is located.*

| Procedure: | |
|---------------------------------------|--|
| Responsibility | Action |
| Funeral Director or Licensed Embalmer | 9. Submits completed death certificate to the appropriate local deputy registrar prior to disposition of the human remains. (Cause-of-death may be pending investigation or toxicology.) Death certificate and accompanying burial transit permit may be transmitted by FAX to the local deputy registrar. If the FAX option is used, the funeral director must still send the completed original death certificate to the local deputy registrar. |
| Local Deputy Registrar | 10. Examines the death certificate to assure proper completion and possible referral to the Medical Examiner or Coroner. <ul style="list-style-type: none"> • If no referral is required, she or he signs and returns the burial transit permit to the funeral director and allows disposition to take place. The burial transit permit may be returned to the funeral director by FAX. • If referral is required, she or he returns the original death certificate with burial transit permit attached to the funeral director, disallows disposition, and refers the funeral director to the medical examiner’s or coroner’s office. |
| Funeral Director or Licensed Embalmer | 11. Presents the completed and signed burial transit permit with the human remains to the sexton. If no sexton is in charge, the funeral director may sign the burial-transit permit, giving the date of burial, writing across the face of the permit the words “no person in charge”, and filing the burial-transit permit within ten days with the registrar of the district in which the cemetery is located. |
| Sexton | 12. Indicates the type of disposition on the burial-transit permit; then signs and dates the permit. Within ten days, he or she returns all burial-transit permits to the local deputy registrar for the county in which the cemetery, crematorium, or burial grounds is located. |

Death and Fetal Death Registration Handbook

Appendix A-1. 24 Hour Time Clock

**Note: Midnight is 2400 hours
(Not 0000)
0001 is the beginning of a new day**

| 24-hour clock | 12-hour clock |
|----------------------|----------------------|
| 2400 | 12:00 p.m. midnight |
| 0100 | 1:00 a.m. |
| 0200 | 2:00 am |
| 0300 | 3:00 a.m. |
| 0400 | 4:00 a.m. |
| 0500 | 5:00 a.m. |
| 0600 | 6:00 a.m. |
| 0700 | 7:00 a.m. |
| 0800 | 8:00 a.m. |
| 0900 | 9:00 a.m. |
| 1000 | 10:00 a.m. |
| 1100 | 11:00 a.m. |
| 1200 | 12:00 a.m. noon |
| 1300 | 1:00 p.m. |
| 1400 | 2:00 p.m. |
| 1500 | 3:00 p.m. |
| 1600 | 4:00 p.m. |
| 1700 | 5:00 p.m. |
| 1800 | 6:00 p.m. |
| 1900 | 7:00 p.m. |
| 2000 | 8:00 p.m. |
| 2100 | 9:00 p.m. |
| 2200 | 10:00 p.m. |
| 2300 | 11:00 p.m. |

Death and Fetal Death Registration Handbook

Appendix B. Revised Code of Washington

Chapter 36 RCW

RCW 36.24.155

Undisposed of remains -- Entrusting to funeral homes or mortuaries.

Whenever anyone shall die within a county without making prior plans for the disposition of his body and there is no other person willing to provide for the disposition of the body, the county coroner shall cause such body to be entrusted to a funeral home in the county where the body is found. Disposition shall be on a rotation basis, which shall treat equally all funeral homes or mortuaries desiring to participate, such rotation to be established by the coroner after consultation with representatives of the funeral homes or mortuaries in the county or counties involved.

[1969 ex.s. c 259 § 2.]

NOTES:

Undisposed of remains, disposition of: RCW 68.50.230.

RCW 36.39.030

Disposal of remains of indigent persons.

The board of county commissioners of any county shall provide for the disposition of the remains of any indigent person including a recipient of public assistance who dies within the county and whose body is unclaimed by relatives or church organization.

[1963 c 4 § 36.39.030. Prior: 1953 c 224 § 1; 1951 c 258 § 1.]

Chapter 43.70 RCW

RCW 43.70.150

Registration of vital statistics.

The secretary of health shall have charge of the state system of registration of births, deaths, fetal deaths, marriages, and decrees of divorce, annulment and separate maintenance, and shall prepare the necessary rules, forms, and blanks for obtaining records, and insure the faithful registration thereof.

[1989 1st ex.s. c 9 § 254; 1979 c 141 § 51; 1967 c 26 § 1; 1965 c 8 § 43.20.070. Prior: 1907 c 83 § 1; RRS § 6018. Formerly RCW 43.20A.620 and 43.20.070.]

NOTES:

Effective date -- 1967 c 26: "This act shall take effect on January 1, 1968." [1967 c 26 § 12.]

Vital statistics: Chapter 70.58 RCW.

RCW 43.70.160

Duties of registrar.

The state registrar of vital statistics shall prepare, print, and supply to all registrars all blanks and forms used in registering, recording, and preserving the returns, or in otherwise carrying out the purposes of Title 70 RCW; and shall prepare and issue such detailed instructions as may be required to secure the uniform observance of its provisions and the maintenance of a perfect system of registration. No other blanks shall be used than those supplied by the state registrar. The state registrar shall carefully examine the certificates received monthly from the local registrars, county auditors, and clerks of the court and, if any are incomplete or unsatisfactory, the state registrar shall require such further information to be furnished as may be necessary to make the record complete and satisfactory, and shall cause such further information to be incorporated in or attached to and filed with the certificate. The state registrar shall furnish, arrange, bind, and make a permanent record of the certificate in a systematic manner, and shall prepare and maintain a comprehensive index of all births, deaths, fetal deaths, marriages, and decrees of divorce, annulment and separate maintenance registered.

[1989 1st ex.s. c 9 § 255; 1967 c 26 § 2; 1965 c 8 § 43.20.080. Prior: 1961 ex.s. c 5 § 2; 1951 c 106 § 1; 1915 c 180 § 9; 1907 c 83 § 17; RRS § 6034. Formerly RCW 43.20A.625 and 43.20.080.]

NOTES:

Effective date -- 1967 c 26: See note following RCW 43.70.150.

Vital statistics: Chapter 70.58 RCW.

Death and Fetal Death Registration Handbook

Chapter 68.50 RCW

RCW 68.50.010

Coroner's jurisdiction over remains.

The jurisdiction of bodies of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; or where the circumstances of death indicate death was caused by unnatural or unlawful means; or where death occurs under suspicious circumstances; or where a coroner's autopsy or post mortem or coroner's inquest is to be held; or where death results from unknown or obscure causes, or where death occurs within one year following an accident; or where the death is caused by any violence whatsoever, or where death results from a known or suspected abortion; whether self-induced or otherwise; where death apparently results from drowning, hanging, burns, electrocution, gunshot wounds, stabs or cuts, lightning, starvation, radiation, exposure, alcoholism, narcotics or other addictions, tetanus, strangulations, suffocation or smothering; or where death is due to premature birth or still birth; or where death is due to a violent contagious disease or suspected contagious disease which may be a public health hazard; or where death results from alleged rape, carnal knowledge or sodomy, where death occurs in a jail or prison; where a body is found dead or is not claimed by relatives or friends, is hereby vested in the county coroner, which bodies may be removed and placed in the morgue under such rules as are adopted by the coroner with the approval of the county commissioners, having jurisdiction, providing therein how the bodies shall be brought to and cared for at the morgue and held for the proper identification where necessary.

[1963 c 178 § 1; 1953 c 188 § 1; 1917 c 90 § 3; RRS § 6042. Formerly RCW 68.08.010.]

RCW 68.50.015

Immunity for determining cause and manner of death -- Judicial review of determination.

A county coroner or county medical examiner or persons acting in that capacity shall be immune from civil liability for determining the cause and manner of death. The accuracy of the determinations is subject to judicial review.

[1987 c 263 § 1.]

RCW 68.50.020

Notice to coroner -- Penalty.

It shall be the duty of every person who knows of the existence and location of a dead body coming under the jurisdiction of the coroner as set forth in RCW 68.50.010, to notify the coroner thereof in the most expeditious manner possible, unless such person shall have good reason to believe that such notice has already been given. Any person knowing of the existence of such dead body and not having good reason to believe that the coroner has notice thereof and who shall fail to give notice to the coroner as aforesaid, shall be guilty of a misdemeanor.

[1987 c 331 § 55; 1917 c 90 § 4; RRS § 6043. Formerly RCW 68.08.020

RCW 68.50.032

Transportation of remains directed by coroner or medical examiner -- Costs.

Whenever a coroner or medical examiner assumes jurisdiction over human remains and directs transportation of those remains by a funeral establishment, as defined in RCW 18.39.010, the reasonable costs of transporting shall be borne by the county if: (1) The funeral establishment transporting the remains is not providing the funeral or disposition services; or (2) the funeral establishment providing the funeral or disposition services is required to transport the remains to a facility other than its own.

Except as provided in RCW 36.39.030, 68.52.030, and 73.08.070, any transportation costs or other costs incurred after the coroner or medical examiner has released jurisdiction over the human remains shall not be borne by the county.

[1991 c 176 § 1.]

Death and Fetal Death Registration Handbook

RCW 68.50.035

Unlawful to refuse burial to non-Caucasian.

It shall be unlawful for any cemetery under this chapter to refuse burial to any person because such person may not be of the Caucasian race.

[1953 c 290 § 53. Formerly RCW 68.05.260.]

NOTES:

Reviser's note: RCW 68.50.035 (formerly RCW 68.05.260) was declared unconstitutional in *Price v. Evergreen Cemetery Co. of Seattle* (1960) 157 Wash. Dec. 249.

Death and Fetal Death Registration Handbook

RCW 68.50.050

Removal or concealment of body -- Penalty.

Any person, not authorized by the coroner or his deputies, who removes the body of a deceased person not claimed by a relative or friend, or who came to their death by reason of violence or from unnatural causes or where there shall exist reasonable grounds for the belief that such death has been caused by unlawful means at the hands of another, to any undertaking rooms or elsewhere, or any person who directs, aids or abets such taking, and any person who in any way conceals the body of a deceased person for the purpose of taking the same to any undertaking rooms or elsewhere, shall in each of said cases be guilty of a gross misdemeanor and upon conviction thereof shall be punished by fine of not more than one thousand dollars, or by imprisonment in the county jail for not more than one year or by both fine and imprisonment in the discretion of the court.

[1917 c 90 § 7; RRS § 6046. Formerly RCW 68.08.050.]

RCW 68.50.060

Bodies for instruction purposes.

Any physician or surgeon of this state, or any medical student under the authority of any such physician or surgeon, may obtain, as hereinafter provided, and have in his possession human dead bodies, or the parts thereof, for the purposes of anatomical inquiry or instruction.

[1891 c 123 § 1; RRS § 10026. Formerly RCW 68.08.060.]

RCW 68.50.070

Bodies, when may be used for dissection.

Any sheriff, coroner, keeper or superintendent of a county poorhouse, public hospital, county jail, or state institution shall surrender the dead bodies of persons required to be buried at the public expense, to any physician or surgeon, to be by him used for the advancement of anatomical science, preference being given to medical schools in this state, for their use in the instruction of medical students. If the deceased person during his last sickness requested to be buried, or if within thirty days after his death some person claiming to be a relative or a responsible officer of a church organization with which the deceased at the time of his death was affiliated requires the body to be buried, his body shall be buried.

[1959 c 23 § 1; 1953 c 224 § 2; 1891 c 123 § 2; RRS § 10027. Formerly RCW 68.08.070.]

RCW 68.50.080

Certificate and bond before receiving bodies.

Every physician or surgeon before receiving the dead body must give to the board or officer surrendering the same to him a certificate from the medical society of the county in which he resides, or if there is none, from the board of supervisors of the same, that he is a fit person to receive such dead body. He must also give a bond with two sureties, that each body so by him received will be used only for the promotion of anatomical science, and that it will be used for such purpose in this state only, and so as in no event to outrage the public feeling.

[1891 c 123 § 3; RRS § 10028. Formerly RCW 68.08.080.]

RCW 68.50.090

Penalty.

Any person violating any provision of RCW 68.50.060 through 68.50.080 shall upon conviction thereof be fined in any sum not exceeding five hundred dollars.

[1987 c 331 § 56; 1891 c 123 § 4; RRS § 10029. Formerly RCW 68.08.090

RCW 68.50.120

Holding body for debt -- Penalty.

Every person who arrests, attaches, detains, or claims to detain any human remains for any debt or demand, or upon any pretended lien or charge, is guilty of a gross misdemeanor.

[1943 c 247 § 27; Rem. Supp. 1943 § 3778-27. Formerly RCW 68.08.120

Death and Fetal Death Registration Handbook

RCW 68.50.160

Right to control disposition of remains -- Liability of funeral establishment or cemetery authority--Liability for cost.

(1) A person has the right to control the disposition of his or her own remains without the predeath or postdeath consent of another person. A valid written document expressing the decedent's wishes regarding the place or method of disposition of his or her remains, signed by the decedent in the presence of a witness, is sufficient legal authorization for the procedures to be accomplished.

(2) Prearrangements that are prepaid, or filed with a licensed funeral establishment or cemetery authority, under RCW 18.39.280 through 18.39.345 and chapter 68.46 RCW are not subject to cancellation or substantial revision by survivors. Absent actual knowledge of contrary legal authorization under this section, a licensed funeral establishment or cemetery authority shall not be held criminally nor civilly liable for acting upon such prearrangements.

(3) If the decedent has not made a prearrangement as set forth in subsection (2) of this section or the costs of executing the decedent's wishes regarding the disposition of the decedent's remains exceeds a reasonable amount or directions have not been given by the decedent, the right to control the disposition of the remains of a deceased person vests in, and the duty of disposition and the liability for the reasonable cost of preparation, care, and disposition of such remains devolves upon the following in the order named:

- (a) The surviving spouse.
- (b) The surviving adult children of the decedent.
- (c) The surviving parents of the decedent.
- (d) The surviving siblings of the decedent.
- (e) A person acting as a representative of the decedent under the signed authorization of the decedent.

(4) The liability for the reasonable cost of preparation, care, and disposition devolves jointly and severally upon all kin of the decedent in the same degree of kindred, in the order listed in subsection (3) of this section, and upon the estate of the decedent.

[1993 c 297 § 1; 1992 c 108 § 1; 1943 c 247 § 29; Rem. Supp. 1943 § 3778-29.

Formerly RCW 68.08.160.]

NOTES:

County burial of indigent deceased veterans: RCW 73.08.070.

Disposal of remains of indigent persons: RCW 36.39.030.

Order of payment of debts of estate: RCW 11.76.110.

RCW 68.50.180

Right to rely on authorization -- State agency funding for cremation.

The cemetery authority may inter or cremate any remains upon the receipt of a written authorization of a person representing himself to be a person who has acquired the right to control the disposition of the remains. A cemetery authority is not liable for interring or cremating pursuant to such authorization, unless it has actual notice that such representation is untrue.

In the event the state of Washington or any of its agencies provide the funds for the disposition of any remains and the state or its agency elects to provide the funds for cremation only, the cemetery authority or licensed funeral establishment shall not be criminally or civilly liable for cremating the remains.

If a cemetery authority with a permit issued under RCW 68.05.175 or a funeral establishment licensed under chapter 18.39 RCW has made a good faith effort to locate the persons cited in RCW 68.50.160 or the legal representative of the decedent's estate, the cemetery authority or funeral establishment shall have the right to rely on an authority to cremate executed by the most responsible party available, and the cemetery authority or funeral establishment shall not be criminally or civilly liable for cremating the remains.

[1993 c 43 § 5; 1979 c 21 § 14; 1943 c 247 § 31; Rem. Supp. 1943 § 3778-31. Formerly RCW 68.08.180.]

NOTES:

Effective date of 1993 c 43 -- 1993 sp.s. c 24: See note following RCW 18.39.290.

Death and Fetal Death Registration Handbook

RCW 68.50.185

Individual cremation -- Exception -- Penalty.

(1) A person authorized to dispose of human remains shall not cremate or cause to be cremated more than one body at a time unless written permission, after full and adequate disclosure regarding the manner of cremation, has been received from the person or persons under RCW 68.50.160 having the authority to order cremation. This restriction shall not apply when equipment, techniques, or devices are employed that keep human remains separate and distinct before, during, and after the cremation process.

(2) Violation of this section is a gross misdemeanor.

[1987 c 331 § 61; 1985 c 402 § 3. Formerly RCW 68.08.185.]

NOTES:

RCW 68.50.200

Permission to remove remains.

The remains of a deceased person may be removed from a plot in a cemetery with the consent of the cemetery authority and the written consent of one of the following in the order named:

- (1) The surviving spouse.
- (2) The surviving children of the decedent.
- (3) The surviving parents of the decedent.
- (4) The surviving brothers or sisters of the decedent.

If the required consent cannot be obtained, permission by the superior court of the county where the cemetery is situated is sufficient: PROVIDED, That the permission shall not violate the terms of a written contract or the rules and regulations of the cemetery authority.

[1943 c 247 § 33; Rem. Supp. 1943 § 3778-33. Formerly RCW 68.08.200.]

RCW 68.50.210

Notice for order to remove remains. Notice of application to the court for such permission shall be given, at least ten days prior thereto, personally, or at least fifteen days prior thereto if by mail, to the cemetery authority and to the persons not consenting, and to every other person on whom service of notice may be required by the court.

[1943 c 247 § 34; Rem. Supp. 1943 § 3778-34. Formerly RCW 68.08.210.]

RCW 68.50.220

Exceptions.

RCW 68.50.200 and 68.50.210 do not apply to or prohibit the removal of any remains from one plot to another in the same cemetery or the removal of remains by a cemetery authority from a plot for which the purchase price is past due and unpaid, to some other suitable place; nor do they apply to the disinterment of remains upon order of court or coroner.

[1987 c 331 § 62; 1943 c 247 § 35; Rem. Supp. 1943 § 3778-35. Formerly RCW 68.08.220.]

RCW 68.50.232

Undisposed remains -- Entrusting to funeral homes or mortuaries.

See RCW 36.24.155.

Death and Fetal Death Registration Handbook

Chapter 70.58 RCW

Vital Statistics

RCW 70.58.005 Definitions. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

- (1) "Department" means the department of health.
- (2) "Vital records" means records of birth, death, fetal death, marriage, dissolution, annulment, and legal separation, as maintained under the supervision of the state registrar of vital statistics. [1991 c 3 § 342; 1987 c 223 § 1.]

RCW 70.58.010 Registration districts. Each city of the first class shall constitute a primary registration district and each county and the territory of counties jointly comprising a health district, exclusive of the portion included within cities of the first class, shall constitute a primary registration area. All other counties and municipal areas not included in the foregoing shall be divided into registration areas by the state registrar as he may deem essential to obtain the most efficient registration of vital events as provided by law. [1979 ex.s. c 52 § 2; 1951 c 106 § 4; 1915 c 180 § 1; 1907 c 83 § 2; RRS § 6019.]

RCW 70.58.020 Local registrars--Deputies. Under the direction and control of the state registrar, the health officer of each city of the first class shall be the local registrar in and for the primary registration district under his supervision as health officer and the health officer of each county and district health department shall be the local registrar in and for the registration area which he supervises as health officer and shall serve as such as long as he performs the registration duties as prescribed by law. He may be removed as local registrar of the registration area which he serves by the state board of health upon its finding of evidence of neglect in the performance of his duties as such registrar. The state registrar shall appoint local registrars for those registration areas not included in the foregoing and also in areas where the state board of health has removed the health officer from this position as registrar.

Each local registrar, subject to the approval of the state registrar, shall appoint in writing a sufficient number of deputy registrars to administer the laws relating to vital statistics, and shall certify the appointment of such deputies to the state registrar. Deputy registrars shall act in the case of absence, death, illness or disability of the local registrar, or such other conditions as may be deemed sufficient cause to require their services. [1979 ex.s. c 52 § 3; 1961 ex.s. c 5 § 5; 1951 c 106 § 5; 1915 c 180 § 2; 1907 c 83 § 3; RRS § 6020.]

NOTES:

Director of combined city-county health department as registrar: RCW 70.08.060.

RCW 70.58.030 Duties of local registrars. The local registrar shall supply blank forms of certificates to such persons as require them. He or she shall carefully examine each certificate of birth, death, and fetal death when presented for record, and see that it has been made out in accordance with the provisions of law and the instructions of the state registrar. If any certificate of death is incomplete or unsatisfactory, the local registrar shall call attention to the defects in the return, and withhold issuing the burial-transit permit until it is corrected. If the certificate of death is properly executed and complete, he or she shall issue a burial-transit permit to the funeral director or person acting as such. If a certificate of a birth is incomplete, he or she shall immediately notify the informant, and require that the missing items be supplied if they can be obtained. He or she shall sign as local registrar to each certificate filed in attest of the date of filing in the office. He or she shall make a record of each birth, death, and fetal death certificate registered in such manner as directed by the state registrar. The local registrar shall transmit to the state registrar each original death or fetal death certificate no less than thirty days after the certificate was registered nor more than sixty days after the certificate was registered. On or before the fifteenth day and the last day of each month, each local registrar shall transmit to the state registrar all original birth certificates that were registered prior to that day and which had not been transmitted previously. A local registrar shall transmit an original certificate to the state registrar whenever the state registrar requests the transfer of the certificate from the local registrar. If no births or no deaths occurred in any month, he or she shall, on the

Death and Fetal Death Registration Handbook

tenth day of the following month, report that fact to the state registrar, on a card provided for this purpose. Local registrars in counties in which a first class city or a city of twenty-seven thousand or more population is located may retain an exact copy of the original and make certified copies of the exact copy. [1990 c 99 § 1; 1961 ex.s. c 5 § 6; 1907 c 83 § 18; RRS § 6035.]

RCW 70.58.040 Compensation of local registrars. A local registrar shall be paid the sum of one dollar for each birth, death, or fetal death certificate registered for his district which sum shall cover making out the burial-transit permit and record of the certificate to be filed and preserved in his office. If no births or deaths were registered during any month, the local registrar shall be paid the sum of one dollar for each report to that effect: PROVIDED, That all local health officers who are by statute required to serve as local registrars shall not be entitled to the fee of one dollar. Neither shall any members of their staffs be entitled to the above fee of one dollar when such persons serve as deputy registrars. All fees payable to local registrars shall be paid by the treasurer of the county or city, properly chargeable therewith, out of the funds of the county or city, upon warrants drawn by the auditor, or other proper officer of the county or city. No warrant shall be issued to a local registrar except upon a statement, signed by the state registrar, stating the names and addresses respectively of the local registrars entitled to fees from the county or city, and the number of certificates and reports of births, deaths, and fetal deaths, properly returned to the state registrar, by each local registrar, during three preceding calendar months prior to the date of the statement, and the amount of fees to which each local registrar is entitled, which statement the state registrar shall file with the proper officers during the months of January, April, July, and October of each year. Upon filing of the statement the auditor or other proper officer of the county or city shall issue warrants for the amount due each local registrar. [1961 ex.s. c 5 § 7; 1951 c 106 § 8; 1915 c 180 § 10; 1907 c 83 § 19; RRS § 6036.]

RCW 70.58.050 Duty to enforce law. The local registrars are hereby charged with the strict and thorough enforcement of the provisions of *this act in their districts, under the supervision and direction of the state registrar. And they shall make an immediate report to the state registrar of any violations of this law coming to their notice by observation or upon the complaint of any person, or otherwise. The state registrar is hereby charged with the thorough and efficient execution of the provisions of *this act in every part of the state, and with supervisory power over local registrars, to the end that all of the requirements shall be uniformly complied with. He shall have authority to investigate cases of irregularity or violation of law, personally or by accredited representative, and all local registrars shall aid him, upon request, in such investigation. When he shall deem it necessary he shall report cases of violation of any of the provisions of *this act to the prosecuting attorney of the proper county with a statement of the fact and circumstances; and when any such case is reported to them by the state registrar, all prosecuting attorneys or officials acting in such capacity shall forthwith initiate and promptly follow up the necessary court proceedings against the parties responsible for the alleged violations of law. And upon request of the state registrar the attorney general shall likewise assist in the enforcement of the provisions of *this act. [1907 c 83 § 22; RRS § 6039.]

NOTES:

*Reviser's note: "this act" appears in 1907 c 83 codified as RCW 70.58.010 through 70.58.100, 70.58.230 through 70.58.280, and 43.20A.620 through 43.20A.630.

RCW 70.58.055 Certificates generally. (1) To promote and maintain nation-wide uniformity in the system of vital statistics, the certificates required by this chapter or by the rules adopted under this chapter shall include, as a minimum, the items recommended by the federal agency responsible for national vital statistics including social security numbers.

(2) The state board of health by rule may require additional pertinent information relative to the birth and manner of delivery as it may deem necessary for statistical study. This information shall be placed in a confidential section of the birth certificate form and shall not be subject to the view of the public or for certification purposes except upon order of the court. The state board of health may eliminate from the forms items that it determines are not necessary for statistical study.

Death and Fetal Death Registration Handbook

(3) Each certificate or other document required by this chapter shall be on a form or in a format prescribed by the state registrar.

(4) All vital records shall contain the data required for registration. No certificate may be held to be complete and correct that does not supply all items of information called for or that does not satisfactorily account for the omission of required items.

(5) Information required in certificates or documents authorized by this chapter may be filed and registered by photographic, electronic, or other means as prescribed by the state registrar. [1997 c 58 § 948; 1991 c 96 § 1.]

NOTES:

Short title--Part headings, captions, table of contents not law--Exemptions and waivers from federal law--Conflict with federal requirements--Severability--1997 c 58: See RCW 74.08A.900 through 74.08A.904.

RCW 70.58.061 Electronic and hard copy transmission. The department is authorized to prescribe by rule the schedule and system for electronic and hard copy transmission of certificates and documents required by this chapter. [1991 c 96 § 2.]

RCW 70.58.065 Local registrar use of electronic data bases. The department, in mutual agreement with a local health officer as defined in RCW 70.05.010, may authorize a local registrar to access the state-wide birth data base or death data base and to issue a certified copy of birth or death certificates from the respective state-wide electronic data bases. In such cases, the department may bill local registrars for only direct line charges associated with accessing birth and death data bases. [1991 c 96 § 3.]

RCW 70.58.070 Registration of births required. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided. [1907 c 83 § 11; RRS § 6028.]

RCW 70.58.080 Birth certificates--Filing--Establishing paternity--Surname of child. (1) Within ten days after the birth of any child, the attending physician, midwife, or his or her agent shall:

(a) Fill out a certificate of birth, giving all of the particulars required, including: (i) The mother's name and date of birth, and (ii) if the mother and father are married at the time of birth or the father has signed an acknowledgment of paternity, the father's name and date of birth; and

(b) File the certificate of birth together with the mother's and father's social security numbers with the state registrar of vital statistics.

(2) The local registrar shall forward the birth certificate, any signed affidavit acknowledging paternity, and the mother's and father's social security numbers to the state office of vital statistics pursuant to RCW 70.58.030.

(3) The state registrar of vital statistics shall make available to the division of child support the birth certificates, the mother's and father's social security numbers and paternity affidavits.

(4) Upon the birth of a child to an unmarried woman, the attending physician, midwife, or his or her agent shall:

(a) Provide an opportunity for the child's mother and natural father to complete an affidavit acknowledging paternity. The completed affidavit shall be filed with the state registrar of vital statistics. The affidavit shall contain or have attached:

(i) A sworn statement by the mother consenting to the assertion of paternity and stating that this is the only possible father;

(ii) A statement by the father that he is the natural father of the child;

(iii) A sworn statement signed by the mother and the putative father that each has been given notice, both orally and in writing, of the alternatives to, the legal consequences of, and the rights, including, if one parent is a minor, any rights afforded due to minority status, and responsibilities that arise from, signing the affidavit acknowledging paternity;

(iv) Written information, furnished by the department of social and health services, explaining the implications of signing, including parental rights and responsibilities; and

(v) The social security numbers of both parents.

(b) Provide written information and oral information, furnished by the department of social and health services, to the mother and the father regarding the benefits of having

Death and Fetal Death Registration Handbook

the child's paternity established and of the availability of paternity establishment services, including a request for support enforcement services. The oral and written information shall also include information regarding the alternatives to, the legal consequences of, and the rights, including, if one parent is a minor any rights afforded due to minority status, and responsibilities that arise from, signing the affidavit acknowledging paternity.

(5) The physician or midwife or his or her agent is entitled to reimbursement for reasonable costs, which the department shall establish by rule, when an affidavit acknowledging paternity is filed with the state registrar of vital statistics.

(6) If there is no attending physician or midwife, the father or mother of the child, householder or owner of the premises, manager or superintendent of the public or private institution in which the birth occurred, shall notify the local registrar, within ten days after the birth, of the fact of the birth, and the local registrar shall secure the necessary information and signature to make a proper certificate of birth.

(7) When an infant is found for whom no certificate of birth is known to be on file, a birth certificate shall be filed within the time and in the form prescribed by the state board of health.

(8) When no putative father is named on a birth certificate of a child born to an unwed mother the mother may give any surname she so desires to her child but shall designate in space provided for father's name on the birth certificate "None Named". [1997 c 58 § 937; 1989 c 55 § 2; 1961 ex.s. c 5 § 8; 1951 c 106 § 6; 1907 c 83 § 12; RRS § 6029.]

NOTES:

Short title--Part headings, captions, table of contents not law--Exemptions and waivers from federal law--Conflict with federal requirements--Severability--1997 c 58: See RCW 74.08A.900 through 74.08A.904.

Implementation--1994 c 299: "The department of social and health services shall make a substantial effort to determine the identity of the noncustodial parent through consistent implementation of RCW 70.58.080. By December 1, 1994, the department of social and health services shall report to the fiscal committees of the legislature on the method for validating claims of good cause for refusing to establish paternity, the methods used in other states, and the national average rate of claims of good cause for refusing to establish paternity compared to the Washington state rate of claims of good cause for refusing to establish paternity, the reasons for differences in the rates, and steps that may be taken to reduce these differences." [1994 c 299]

RCW 70.58.082 Birth certificates--Rules--Release of copies. No person may prepare or issue any birth certificate that purports to be an original, certified copy, or copy of a birth certificate except as authorized in this chapter.

The department shall adopt rules providing for the release of paper or electronic copies of birth certificate records that include adequate standards for security and confidentiality, assure the proper record is identified, and prevent fraudulent use of records. All certified copies of birth certificates in the state must be on paper and in a format provided and approved by the department and must include security features to deter the alteration, counterfeiting, duplication, or simulation without ready detection.

Federal, state, and local governmental agencies may, upon request and with submission of the appropriate fee, be furnished copies of birth certificates if the birth certificate will be used for the agencies' official duties. The department may enter into agreements with offices of vital statistics outside the state for the transmission of copies of birth certificates to those offices when the birth certificates relate to residents of those jurisdictions and receipt of copies of birth certificates from those offices. The agreement must specify the statistical and administrative purposes for which the birth certificates may be used and must provide instructions for the proper retention and disposition of the copies. Copies of birth certificates that are received by the department from other offices of vital statistics outside the state must be handled as provided under the agreements. The department may disclose information that may identify any person named in any birth certificate record for research purposes as provided under chapter 42.48 RCW. [1997 c 108 § 1.]

Death and Fetal Death Registration Handbook

RCW 70.58.085 Birth certificates suitable for display-- Issuance--Fee--Disposition of funds. (1) In addition to the original birth certificate, the state registrar shall issue upon request and upon payment of a fee of twenty-five dollars a birth certificate representing that the birth of the person named thereon is recorded in the office of the registrar. The certificate issued under this section shall be in a form consistent with the need to protect the integrity of vital records but shall be suitable for display. It may bear the seal of the state printed thereon and may be signed by the governor. It shall have the same status as evidence as the original birth certificate.

(2) Of the funds received under subsection (1) of this section, the amount needed to reimburse the registrar for expenses incurred in administering this section shall be credited to the state registrar account. The remainder shall be credited to the children's trust fund established under RCW 43.121.100. [1987 c 351 § 6.]

NOTES:

Legislative findings--1987 c 351: "The legislature finds that children are society's most valuable resource and that child abuse and neglect is a threat to the physical, mental, and emotional health of children. The legislature further finds that assisting community-based private nonprofit and public organizations, agencies, or school districts in identifying and establishing needed primary prevention programs will reduce the incidence of child abuse and neglect, and the necessity for costly subsequent intervention in family life by the state. Child abuse and neglect prevention programs can be most effectively and economically administered through the use of trained volunteers and the cooperative efforts of the communities, citizens, and the state. The legislature finds that the Washington council for prevention of child abuse is an effective counsel for reducing child abuse but limited resources have prevented the council from funding promising prevention concepts state-wide.

It is the intent of the legislature to establish a cost- neutral revenue system for the children's trust fund which is designed to fund primary prevention programs and innovative prevention related activities such as research or public awareness campaigns. The fund shall be supported through revenue created by the sale of heirloom birth certificates. This concept has proven to be a cost-effective approach to funding child abuse prevention in the state of Oregon. The legislature believes that this is an innovative way of using private dollars to supplement our public dollars to reduce child abuse and neglect." [1987 c 351 § 1.]

RCW 70.58.095 New certificate of birth--Legitimation, paternity--Substitution for original--Inspection of original, when--When delayed registration required. The state registrar of vital statistics shall establish a new certificate of birth for a person born in this state when he receives a request that a new certificate be established and such evidence as required by regulation of the state board of health proving that such person has been acknowledged, or that a court of competent jurisdiction has determined the paternity of such person. When a new certificate of birth is established, the actual place and date of birth shall be shown. It shall be substituted for the original certificate of birth. Thereafter, the original certificate and the evidence of paternity, or acknowledgment shall not be subject to inspection except upon order of a court of competent jurisdiction, or upon written request of the department of social and health services, the attorney general, or a prosecuting attorney, stating that the documents are being sought in furtherance of an action to enforce a duty of support. If no certificate of birth is on file for the person for whom a new certificate is to be established under this section, a delayed registration of birth shall be filed with the state registrar of vital statistics as provided in RCW 70.58.120. [1983 1st ex.s. c 41 § 14; 1975-'76 2nd ex.s. c 42 § 38; 1961 ex.s. c 5 § 21.] **NOTES:**

Severability--1983 1st ex.s. c 41: See note following RCW 26.09.060.

Severability--Construction--1975-'76 2nd ex.s. c 42: See RCW 26.26.900, 26.26.905.

RCW 70.58.100 Supplemental report on name of child. It shall be the duty of every local registrar when any certificate of birth of a living child is presented without statement of the given name, to make out and deliver to the parents of such child a special blank for the supplemental report of the given name of the child, which shall be filled out as directed and returned to the registrar as soon as the child has been named. [1915 c 180 § 8; 1907 c 83 § 14; RRS § 6031.]

Death and Fetal Death Registration Handbook

RCW 70.58.104 Reproductions of vital records--Disclosure of information for research purposes--Furnishing of birth and death records by local registrars. (1)

The state registrar may prepare typewritten, photographic, electronic, or other reproductions of records of birth, death, fetal death, marriage, or decrees of divorce, annulment, or legal separation registered under law or that portion of the record of any birth which shows the child's full name, sex, date of birth, and date of filing of the certificate. Such reproductions, when certified by the state registrar, shall be considered for all purposes the same as the original and shall be prima facie evidence of the facts stated therein.

(2) The department may authorize by regulation the disclosure of information contained in vital records for research purposes. All research proposals must be submitted to the department and must be reviewed and approved as to scientific merit and to ensure that confidentiality safeguards are provided in accordance with department policy.

(3) Local registrars may, upon request, furnish certified copies of the records of birth, death, and fetal death, subject to all provisions of state law applicable to the state registrar. [1991 c 96 § 4; 1987 c 223 § 2.]

RCW 70.58.107 The department of health shall charge a fee of seventeen dollars for certified copies of records and for copies or information provided for research, statistical, or administrative purposes, and eight dollars for a search of the files or records when no copy is made. The department shall prescribe by regulation fees to be paid for preparing sealed files and for opening sealed files.

No fee may be demanded or required for furnishing certified copies of a birth, death, fetal death, marriage, divorce, annulment, or legal separation record for use in connection with a claim for compensation or pension pending before the veterans administration.

No fee may be demanded or required for furnishing certified copies of a death certificate of a sex offender for use by a law enforcement agency in maintaining a registered sex offender data base.

The department shall keep a true and correct account of all fees received and transmit the fees to the state treasurer on a weekly basis.

Local registrars shall charge the same fees as the state as hereinabove provided and as prescribed by department regulation except in cases where payment is made by credit card, charge card, debit card, smart card, stored value card, federal wire, automatic clearinghouse system, or other electronic communication. Payment by these electronic methods may be subject to an additional fee consistent with the requirements established by RCW 36.29.190. All such fees collected, except for seven dollars of each fee collected for the issuance of birth certificates and first copies of death certificates and fourteen dollars of each fee collected for additional copies of the same death certificate ordered at the same time as the first copy, shall be paid to the jurisdictional health department.

All local registrars in cities and counties shall keep a true and correct account of all fees received under this section for the issuance of certified copies and shall transmit seven dollars of the fees collected for birth certificates and first copies of death certificates and fourteen dollars of the fee collected for additional copies of death certificates to the state treasurer on or before the first day of January, April, July, and October.

All but five dollars of the fees turned over to the state treasurer by local registrars shall be paid to the department of health for the purpose of developing and maintaining the state vital records systems, including a web-based electronic death registration system. Five dollars of each fee imposed for the issuance of certified copies, except for copies suitable for display issued under RCW 70.58.085, at both the state and local levels shall be held by the state treasurer in the death investigations' account established by RCW 43.79.445.

[1997 c 223 § 1; 1991 c 3 § 343; 1988 c 40 § 1; 1987 c 223 § 3.] 2003 ???

Death and Fetal Death Registration Handbook

RCW 70.58.085, at both the state and local levels shall be held by the state treasurer in the death investigations' account established by RCW 43.79.445. [1997 c 223 § 1; 1991 c 3 § 343; 1988 c 40 § 1; 1987 c 223 § 3.]

RCW 70.58.110 Delayed registration of births--Authorized. Whenever a birth which occurred in this state on or after July 1, 1907, is not on record in the office of the state registrar or in the office of the auditor of the county in which the birth occurred if the birth was prior to July 1, 1907, application for the registration of the birth may be made by the interested person to the state registrar: PROVIDED, That if the person whose birth is to be recorded be a child under four years of age the attending physician, if available, shall make the registration. [1953 c 90 § 2; 1943 c 176 § 1; 1941 c 167 § 1; Rem. Supp. 1943 § 6011-1.]

RCW 70.58.120 Delayed registration of births--Application-- Evidence required. The delayed registration of birth form shall be provided by the state registrar and shall be signed by the registrant if of legal age, or by the attendant at birth, parent, or guardian if the registrant is not of legal age. In instances of delayed registration of birth where the person whose birth is to be recorded is four years of age or over but under twelve years of age and in instances where the person whose birth is to be recorded is less than four years of age and the attending physician is not available to make the registration, the facts concerning date of birth, place of birth, and parentage shall be established by at least one piece of documentary evidence. In instances of delayed registration of birth where the person whose birth is to be recorded is twelve years of age or over, the facts concerning date of birth and place of birth shall be established by at least three documents of which only one may be an affidavit. The facts concerning parentage shall be established by at least one document. Documents, other than affidavits, or documents established prior to the fourth birthday of the registrant, shall be at least five years old or shall have been made from records established at least five years prior to the date of application. [1961 ex.s. c 5 § 9; 1953 c 90 § 3; 1943 c 176 § 2; 1941 c 167 § 2; Rem. Supp. 1943 § 6011- 2.]

RCW 70.58.130 Delayed registration of births--Where registered--Copy as evidence. The birth shall be registered in the records of the state registrar. A certified copy of the record shall be prima facie evidence of the facts stated therein. [1961 ex.s. c 5 § 10; 1953 c 90 § 4; 1951 c 106 § 2; 1943 c 176 § 4; 1941 c 167 § 4; Rem. Supp. 1943 § 6011-4.]

RCW 70.58.145 Order establishing record of birth when delayed registration not available--Procedure. When a person alleged to be born in this state is unable to meet the requirements for a delayed registration of birth in accordance with RCW 70.58.120, he may petition the superior court of the county of residence or of the county of birth for an order establishing a record of the date and place of his birth, and his parentage. The court shall fix a time for hearing the petition, and the state registrar shall be given notice at least twenty days prior to the date set for hearing in order that he may present at the hearing any information he believes will be useful to the court. If the court from the evidence presented to it finds that the petitioner was born in this state, the court shall issue an order to establish a record of birth. This order shall include the birth data to be registered. If the court orders the birth of a person born in this state registered, it shall be registered in the records of the state registrar. [1961 ex.s. c 5 § 20.]

RCW 70.58.150 "Fetal death," "evidence of life," defined. A fetal death means any product of conception that shows no evidence of life after complete expulsion or extraction from its mother. The words "evidence of life" include breathing, beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. [1961 ex.s. c 5 § 11; 1945 c 159 § 5; Rem. Supp. 1945 § 6024-5.]

RCW 70.58.160 Certificate of death or fetal death required. A certificate of every death or fetal death shall be filed with the local registrar of the district in which the death or fetal death occurred within three days after the occurrence is known, or if the place of death or fetal death is not known, then with the local registrar of the district in which the body is found within twenty- four hours thereafter. In every instance a certificate shall be filed prior to the interment or other disposition of the body: PROVIDED, That a

Death and Fetal Death Registration Handbook

certificate of fetal death shall not be required if the period of gestation is less than twenty weeks. [1961 ex.s. c 5 § 12; 1945 c 159 § 1; Rem. Supp. 1945 § 6024-1. Prior: 1915 c 180 § 4; 1907 c 83 § 5.]

RCW 70.58.170 Certificate of death or fetal death--By whom filed. The funeral director or person in charge of interment shall file the certificate of death or fetal death. In preparing such certificate, the funeral director or person in charge of interment shall obtain and enter on the certificate such personal data as the certificate requires from the person or persons best qualified to supply them. He shall present the certificate of death to the physician last in attendance upon the deceased, or, if the deceased died without medical attendance, to the health officer, coroner, or prosecuting attorney having jurisdiction, who shall thereupon certify the cause of death according to his best knowledge and belief and shall sign the certificate of death or fetal death within two days after being presented with the certificate unless good cause for not signing the certificate within the two days can be established. He shall present the certificate of fetal death to the physician, midwife, or other person in attendance at the fetal death, who shall certify the fetal death and such medical data pertaining thereto as he can furnish. [1979 ex.s. c 162 § 1; 1961 ex.s. c 5 § 13; 1945 c 159 § 2; Rem. Supp. 1945 § 6024-2.]

RCW 70.58.180 Certificate when no physician in attendance-- Legally accepted cause of death. If the death occurred without medical attendance, the funeral director or person in charge of interment shall notify the coroner, or prosecuting attorney if there is no coroner in the county. If the circumstances suggest that the death or fetal death was caused by unlawful or unnatural causes or if there is no local health officer with jurisdiction, the coroner, or if none, the prosecuting attorney shall complete and sign the certification, noting upon the certificate that no physician was in attendance at the time of death. In case of any death without medical attendance in which there is no suspicion of death from unlawful or unnatural causes, the local health officer or his deputy, the coroner and if none, the prosecuting attorney, shall complete and sign the certification, noting upon the certificate that no physician was in attendance at the time of death, and noting the cause of death without the holding of an inquest or performing of an autopsy or post mortem, but from statements of relatives, persons in attendance during the last sickness, persons present at the time of death or other persons having adequate knowledge of the facts.

The cause of death, the manner and mode in which death occurred, as noted by the coroner or if none, the prosecuting attorney or the health officer and incorporated in the death certificate filed with the bureau of vital statistics of the board of health shall be the legally accepted manner and mode by which the deceased came to his or her death and shall be the legally accepted cause of death. [1961 ex.s. c 5 § 14; 1953 c 188 § 5; 1945 c 159 § 3; Rem. Supp. 1945 § 6024-3. Prior: 1915 c 180 § 5; 1907 c 83 § 7.]

RCW 70.58.190 Permit to dispose of body when cause of death undetermined. If the cause of death cannot be determined within three days, the certification of its cause may be filed after the prescribed period, but the attending physician, coroner, or prosecuting attorney shall give the local registrar of the district in which the death occurred written notice of the reason for the delay, in order that a permit for the disposition of the body may be issued if required. [1945 c 159 § 4; Rem. Supp. 1945 § 6024-4.]

RCW 70.58.210 Birth certificate upon adoption. (1) Whenever a decree of adoption has been entered declaring a child, born in the state of Washington, adopted in any court of competent jurisdiction in the state of Washington or any other state or any territory of the United States, a certified copy of the decree of adoption shall be recorded with the proper department of registration of births in the state of Washington and a certificate of birth shall issue upon request, bearing the new name of the child as shown in the decree of adoption, the names of the adoptive parents of the child and the age, sex, and date of birth of the child, but no reference in any birth certificate shall have reference to the adoption of the child. However, original registration of births shall remain a part of the record of the board of health.

(2) Whenever a decree of adoption has been entered declaring a child, born outside of the United States and its territories, adopted in any court of competent jurisdiction in the state of Washington, a certified copy of the decree of adoption together with

Death and Fetal Death Registration Handbook

evidence as to the child's birth date and birth place provided by the original birth certificate, or by a certified copy, extract, or translation thereof or by a certified copy of some other document essentially equivalent thereto, shall be recorded with the proper department of registration of births in the state of Washington. The records of the United States immigration and naturalization service or of the United States department of state are essentially equivalent to the birth certificate. A certificate of birth shall issue upon request, bearing the new name of the child as shown in the decree of adoption, the names of the adoptive parents of the child and the age, sex, and date of birth of the child, but no reference in any birth certificate shall have reference to the adoption of the child. Unless the court orders otherwise, the certificate of birth shall have the same overall appearance as the certificate which would have been issued if the adopted child had been born in the state of Washington.

A person born outside of the United States and its territories for whom a decree of adoption has been entered in a court of this state before September 1, 1979, may apply for a certificate of birth under this subsection by furnishing the proper department of registration of births with a certified copy of the decree of adoption together with the other evidence required by this subsection as to the date and place of birth. Upon receipt of the decree and evidence, a certificate of birth shall be issued in accordance with this subsection. [1979 ex.s. c 101 § 2; 1975-'76 2nd ex.s. c 42 § 40; 1943 c 12 § 1; 1939 c 133 § 1; Rem. Supp. 1943 § 6013-1.]

NOTES:

Severability--1979 ex.s. c 101: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1979 ex.s. c 101 § 3.]

Severability--Construction--1975-'76 2nd ex.s. c 42: See RCW 26.26.900, 26.26.905.

Adoption: Chapter 26.33 RCW.

Decree of adoption--Duties of state registrar of vital statistics: RCW 26.33.290.

Uniform parentage act: Chapter 26.26 RCW.

RCW 70.58.230 Permits for burial, removal, etc., required— Removal to another district without permit, notice to registrar, fee. It shall be unlawful for any person to inter, deposit in a vault, grave, or tomb, cremate or otherwise dispose of, or disinter or remove from one registration district to another, or hold for more than seventy-two hours after death, the body or remains of any person whose death occurred in this state or any body which shall be found in this state, without obtaining, from the local registrar of the district in which the death occurred or in which the body was found, a permit for the burial, disinterment, or removal of such body: PROVIDED, That a licensed funeral director or embalmer of this state may remove a body from the district where the death occurred to another registration district without having obtained a permit but in such cases the funeral director or embalmer shall at the time of removing a body file with or mail to the local registrar of the district where the death occurred a notice of removal upon a blank to be furnished by the state registrar. The notice of removal shall be signed by the funeral director or embalmer and shall contain the name and address of the local registrar with whom the certificate of death will be filed and the burial-transit permit secured. Every local registrar, accepting a death certificate and issuing a burial-transit permit for a death that occurred outside his district, shall be entitled to a fee of one dollar to be paid by the funeral director or embalmer at the time the death certificate is accepted and the permit is secured. It shall be unlawful for any person to bring into or transport within the state or inter, deposit in a vault, grave, or tomb, or cremate or otherwise dispose of the body or remains of any person whose death occurred outside this state unless such body or remains be accompanied by a removal or transit permit issued in accordance with the law and health regulations in force where the death occurred, or unless a special permit for bringing such body into this state shall be obtained from the state registrar. [1961 ex.s. c 5 § 16; 1915 c 180 § 3; 1907 c 83 § 4; RRS § 6021.]

NOTES:

Cemeteries and human remains: Title 68 RCW.

Death and Fetal Death Registration Handbook

RCW 70.58.240 Duties of funeral directors. Each funeral director or person acting as such shall obtain a certificate of death and file the same with the local registrar, and secure a burial-transit permit, prior to any permanent disposition of the body. He shall obtain the personal and statistical particulars required, from the person best qualified to supply them. He shall present the certificate to the attending physician or in case the death occurred without any medical attendance, to the proper official for certification for the medical certificate of the cause of death and other particulars necessary to complete the record. He shall supply the information required relative to the date and place of disposition and he shall present the completed certificate to the local registrar, for the issuance of a burial-transit permit. He shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring the body; or shall attach the transit permit to the box containing the corpse, when shipped by any transportation company, and the permit shall accompany the corpse to its destination. [1961 ex.s. c 5 § 17; 1915 c 180 § 6; 1907 c 83 § 8; RRS § 6025.]

RCW 70.58.250 Burial-transit permit—Requisites. The burial-transit permit shall contain a statement by the local registrar and over his signature, that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or otherwise dispose of the body; stating the name of the deceased and other necessary details upon the form prescribed by the state registrar. [1961 ex.s. c 5 § 18; 1907 c 83 § 9; RRS § 6026.]

RCW 70.58.260 Burial grounds—Duties of sexton. It shall be unlawful for any person in charge of any premises in which bodies of deceased persons are interred, cremated or otherwise permanently disposed of, to permit the interment, cremation or other disposition of any body upon such premises unless it is accompanied by a burial, removal or transit permit as hereinabove provided. It shall be the duty of the person in charge of any such premises to, in case of the interment, cremation or other disposition of a body therein, endorse upon the permit the date and character of such disposition, over his signature, to return all permits so endorsed to the local registrar of his district within ten days from the date of such disposition, and to keep a record of all bodies disposed of on the premises under his charge, stating, in each case, the name of the deceased person, if known, the place of death, the date of burial or other disposition, and the name and address of the undertaker, which record shall at all times be open to public inspection, and it shall be the duty of every undertaker, or person acting as such, when burying a body in a cemetery or burial grounds having no person in charge, to sign the burial, removal or transit permit, giving the date of burial, write across the face of the permit the words "no person in charge", and file the burial, removal or transit permit within ten days with the registrar of the district in which the cemetery is located. [1915 c 180 § 7; 1907 c 83 § 10; RRS § 6027.]

RCW 70.58.270 Data on inmates of hospitals, etc. All superintendents or managers, or other persons in charge of hospitals, almshouses, lying-in or other institutions, public or private, to which persons resort for treatment of disease, confinement, or are committed by process of law, are hereby required to make a record of all the personal and statistical particulars relative to the inmates in their institutions, at the date of approval of *this act, that are required in the form of the certificate provided for by this act, as directed by the state registrar; and thereafter such record shall be by them made for all future inmates at the time of their admission. And in case of persons admitted or committed for medical treatment of contagious disease, the physician in charge shall specify, for entry in the record, the nature of the disease, and where, in his opinion, it was contracted. The personal particulars and information required by this section shall be obtained from the individual himself, if it is practicable to do so; and when they cannot be so obtained, they shall be secured in as complete a manner as possible from the relatives, friends, or other persons acquainted with the facts. [1907 c 83 § 16; RRS § 6033.]

NOTES:

*Reviser's note: For "this act," see note following RCW 70.58.050.

RCW 70.58.280 Penalty. Every person who shall violate or willfully fail, neglect or refuse to comply with any provisions of *this act shall be guilty of a misdemeanor and for a second offense shall be punished by a fine of not less than twenty-five dollars, and for

Death and Fetal Death Registration Handbook

a third and each subsequent offense shall be punished by a fine of not less than fifty dollars or more than two hundred and fifty dollars or by imprisonment for not more than ninety days, or by both fine and imprisonment, and every person who shall willfully furnish any false information for any certificate required by *this act or who shall make any false statement in any such certificate shall be guilty of a gross misdemeanor. [1915 c 180 § 12; 1907 c 83 § 21; RRS § 6038.]

NOTES:

*Reviser's note: For "this act," see note following RCW 70.58.050.

RCW 70.58.290 Local registrar to furnish list of deceased voters. **See RCW 29.10.095.**

RCW 70.58.380 Certificates for out-of-state marriage license requirements. The department shall prescribe by rule a schedule of fees for providing certificates necessary to meet marriage license requirements of other states. The fees shall be predicated on the costs of conducting premarital blood screening tests and issuing certificates. [1981 c 284 § 1.]

NOTES:

Reviser's note: Although 1981 c 284 directs this section be added to chapter 74.04 RCW, codification here is considered more appropriate. The department of social and health services is apparently the department referred to.

RCW 70.58.390 Certificates of presumed death incident to accidents, disasters. A county coroner, medical examiner, or the prosecuting attorney having jurisdiction may issue a certificate of presumed death when the official issuing the certificate determines to the best of the official's knowledge and belief that there is sufficient circumstantial evidence to indicate that a person has in fact died in the county or in waters contiguous to the county as a result of an accident or natural disaster, such as a drowning, flood, earthquake, volcanic eruption, or similar occurrence, and that it is unlikely that the body will be recovered. The certificate shall recite, to the extent possible, the date, circumstances, and place of the death, and shall be the legally accepted fact of death.

In the event that the county in which the death occurred cannot be determined with certainty, the county coroner, medical examiner, or prosecuting attorney in the county in which the events occurred and in which the decedent was last known to be alive may issue a certificate of presumed death under this section.

The official issuing the certificate of presumed death shall file the certificate with the state registrar of vital statistics, and thereafter all persons and parties acting in good faith may rely thereon with acquittance. [1981 c 176 § 1.]

Death and Fetal Death Registration Handbook

Appendix D. City – County Listing

A¹

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|--------------------|---------------|-----------------|---------------|
| Aberdeen | Grays Harbor | Aloha | Grays Harbor |
| Aberdeen Junction | Grays Harbor | Alpha | Lewis |
| Acme | Whatcom | Alpine | King |
| Acton | Benton | Alpowa | Whitman |
| Adco | Grant | Alstown | Douglas |
| Addy | Stevens | Alto | Columbia |
| Adelaide | King | Altoona | Wahkiakum |
| Adkinds | Walla Walla | Amanda Park | Grays Harbor |
| Adna | Lewis | Amber | Spokane |
| Adrian | Grant | Amboy | Clark |
| Aeneas | Okanogan | American Lake | Pierce |
| Aero | Clallam | American River | Yakima |
| Agate Bay | Whatcom | Ampere | Clark |
| Agnew | Clallam | Anacortes | Skagit |
| Ahtanum | Yakima | Anatone | Asotin |
| Airway Heights | Spokane | Anderson Island | Pierce |
| Ainsworth Junction | Franklin | Andron | Snohomish |
| Ajlune | Lewis | Angle Lake | King |
| Aladdin | Stevens | Anglin | Okanogan |
| Alameda | Douglas | Ankeny | Adams |
| Albion | Whitman | Anson | Adams |
| Alder Grove | Grays Harbor | Anywyne | Okanogan |
| Alder | Pierce | Apple Center | Spokane |
| Alderdale | Klickitat | Appledale | Douglas |
| Alderton | Pierce | Appleyard | Chelan |
| Alderwood | Snohomish | Apricot | Benton |
| Alderwood Manor | Snohomish | Arach-A-Wat | Clallam |
| Alfalfa | Yakima | Arden | Stevens |
| Alger | Skagit | Ardenvoir | Chelan |
| Algona | King | Argo | King |
| Allard | Benton | Ariel | Cowlitz |
| Allen | Skagit | Arizina | Ferry |
| Allentown | King | Arletta | Pierce |
| Allison | Pierce | Arlington | Snohomish |
| Allyn | Mason | Arthurdee | Spokane |
| Almira | Lincoln | Artic | Grays Harbor |
| Almota | Whitman | Artondale | Pierce |

¹ Includes cities, towns, and unincorporated places of any size to assist in determining the patient's COUNTY of residence. Some place names occur in more than one COUNTY; in such cases, ask the COUNTY of residence.

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|-------------------|---------------|----------------|---------------|
| Ash | Walla Walla | Bedford | Pacific |
| Ashby | Adams | Bee | Pierce |
| Ashford | Pierce | Beebe | Douglas |
| Asotin | Asotin | Belfair | Mason |
| Attalia | Walla Walla | Bell | Spokane |
| Atwood | Grant | Bell Creek | Whatcom |
| Auburn | King | Belleville | Skagit |
| Aukes | Walla Walla | Bellevue | King |
| Austin | Island | Bellingham | Whatcom |
| Avery | Klickitat | Bellplain | Pierce |
| Avon | Skagit | Belmont | Whitman |
| Ayer | Skagit | Belmore | Thurston |
| Ayers Junction | Walla Walla | Bench | Yakima |
| Azwell | Chelan | Bend | Grant |
| | | Benge | Adams |
| | | Benton City | Benton |
| | | Berkely | Pierce |
| | | Berne | Chelan |
| | | Berrian | Benton |
| | | Berry Dale | King |
| | | Berryman | Walla Walla |
| | | Bethel | Kitsap |
| | | Beverly Park | Snohomish |
| | | Biarly | Stevens |
| | | Bickleton | Klickitat |
| | | Big Lake | Skagit |
| | | Bigfour | Snohomish |
| | | Biggain | Benton |
| | | Bingen | Klickitat |
| | | Birch Bay | Whatcom |
| | | Birchfield | Yakima |
| | | Birdsview | Skagit |
| | | Birmingham | Snohomish |
| | | Bishop | Whitman |
| | | Bissell | Stevens |
| | | Bitter Lake | King |
| | | Black Carbon | Pierce |
| | | Black Diamond | King |
| | | Black River | King |
| | | Blackrock | Yakima |
| | | Blaine | Whatcom |
| | | Blair | Whatcom |
| | | Blakely Island | San Juan |
| | | Blanchard | Skagit |
| | | Blockhouse | Klickitat |
| | | Blue Creek | Stevens |
| | | Blueslide | Pend Oreille |
| | | Bluestem | Lincoln |
| | | Blyn | Clallam |
| | | Blyton | Whitman |
| | | Boistfort | Lewis |
| | | Bolles | Walla Walla |
| | | Bolster | Okanogan |
| B | | | |
| Babb | Spokane | | |
| Babcock | Walla Walla | | |
| Bacon | Grant | | |
| Badger | Benton | | |
| Bagley Junction | King | | |
| Bainbridge | Kitsap | | |
| Bainbridge Island | Kitsap | | |
| Baird | Douglas | | |
| Balder | Whitman | | |
| Baldi | King | | |
| Baldour | Whatcom | | |
| Ballard | King | | |
| Bandera | King | | |
| Bangor | Kitsap | | |
| Bangor Sub Base | Kitsap | | |
| Barberton | Clark | | |
| Baring | King | | |
| Barker | Okanogan | | |
| Barneston | King | | |
| Barry | Douglas | | |
| Barstow | King | | |
| Basin City | Franklin | | |
| Bassett Junction | Grant | | |
| Battleground | Clark | | |
| Batum | Adams | | |
| Bay City | Grays Harbor | | |
| Bay View | Skagit | | |
| Bay Center | Pacific | | |
| Bayne | King | | |
| Beach | Whatcom | | |
| Bear Creek | Chelan | | |
| Beatrice | Adams | | |
| Beaux Arts | King | | |
| Beaver | Clallam | | |
| Beaver Valley | Jefferson | | |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|---------------|---------------|------------------|---------------|
| Bong | Spokane | C | |
| Bonlow | Yakima | | |
| Bonney Lake | Pierce | | |
| Boone | Yakima | Calispell | Pend Oreille |
| Bordeaux | Thurston | Camano | Island |
| Bossburg | Stevens | Camano Island | Island |
| Boston Harbor | Thurston | Camas | Clark |
| Bothell | King | Camden | Pend Oreille |
| Bothell | Snohomish | Camp Murray | Pierce |
| Boundary | Stevens | Camp Sealth | King |
| Bow | Skagit | Camp Talbot | Jefferson |
| Boys | Ferry | Campton | King |
| Boylston | Kittitas | Canby | Lincoln |
| Brace | Yakima | Cape Horn | Skamania |
| Brady | Grays Harbor | Capp | Benton |
| Breakers | Pacific | Carbonado | Pierce |
| Bremerton | Kitsap | Carders | Spokane |
| Brewster | Okanogan | Carley | Benton |
| Bridgeport | Douglas | Carlisle | Grays Harbor |
| Brief | Chelan | Carlmar | Adams |
| Brier | Snohomish | Carlsborg | Clallam |
| Brinnon | Jefferson | Carlson | Lewis |
| Briquetville | King | Carlton | Okanogan |
| Bristol | Kittitas | Carnation | King |
| Brookdale | Pierce | Carrolls | Cowlitz |
| Brookfield | Walla Walla | Carson | Skamania |
| Brooklyn | Pacific | Cascade | King |
| Broomfield | Pierce | Casey | Walla Walla |
| Brownstown | Yakima | Cashmere | Chelan |
| Brownsville | Kitsap | Castle Rock | Cowlitz |
| Bruce | Adams | Castleton | Whitman |
| Brush Prairie | Clark | Castleton | Whitman |
| Bryant | Snohomish | Cathcart | Snohomish |
| Bryn Mawr | King | Cathlamet | Wahkiakum |
| Buckeye | Spokane | Catlin | Cowlitz |
| Buckley | Pierce | Cedar Creek | Whitman |
| Bucoda | Thurston | Cedar Falls | King |
| Buena | Yakima | Cedar Valley | Snohomish |
| Bunker | Lewis | Cedarville | Grays Harbor |
| Burbank | Walla Walla | Cedonia | Stevens |
| Burien | King | Center | Jefferson |
| Burke | Grant | Centerville | Klickitat |
| Burley | Kitsap | Central | Yakima |
| Burlington | Skagit | Central Ferry | Garfield |
| Burnett | Pierce | Centralia | Lewis |
| Buroker | Walla Walla | Centralia | Thurston |
| Burrows | Grays Harbor | Central Park | Grays Harbor |
| Burt | Pacific | Ceres | Lewis |
| Burton | King | Chambers | Yakima |
| Busby | Whitman | Chambers Prairie | Pierce |
| Byron | Yakima | Chandler | Benton |
| Bz Corner | Klickitat | Chard | Garfield |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|----------------|---------------|------------------|---------------|
| Charleston | Kitsap | Conway | Skagit |
| Chattaroy | Spokane | Cook | Skamania |
| Chehalis | Lewis | Copalis Beach | Grays Harbor |
| Chekola | Yakima | Copalis Crossing | Grays Harbor |
| Chelan | Chelan | Cordell | Okanogan |
| Chelan Falls | Chelan | Corfu | Grant |
| Cheney | Spokane | Cosmopolis | Grays Harbor |
| Chenois Creek | Grays Harbor | Cougar | Cowlitz |
| Cherokee | Okanogan | Coulee City | Grant |
| Chesaw | Okanogan | Coulee Dam | Okanogan |
| Chester | Spokane | Country Homes | Spokane |
| Chevy Chose | Jefferson | Coupeville | Island |
| Chew | Walla Walla | Covada | Ferry |
| Chewelah | Stevens | Cove | King |
| Chico | Kitsap | Covington | King |
| Chilowist | Okanogan | Cowiche | Yakima |
| Chimacum | Jefferson | Craigie | Asotin |
| China Bend | Stevens | Crane | Clallam |
| Chinook | Pacific | Creosote | Kitsap |
| Chiwaukum | Chelan | Crescent | Lincoln |
| Chopka | Okanogan | Crescent Bar | Grant |
| Cinebar | Lewis | Creston | Lincoln |
| Clallam Bay | Clallam | Crewport | Yakima |
| Clarkston | Asotin | Crocker | Pierce |
| Clayton | Stevens | Crystal Mountain | Pierce |
| Cle Elum | Kittitas | Cumberland | King |
| Clear Lake | Skagit | Cunningham | Adams |
| Clearview | Snohomish | Curlew | Ferry |
| Clearwater | Jefferson | Curry | Franklin |
| Cleveland | Klickitat | Curtis | Lewis |
| Cliffdell | Yakima | Cusick | Pend Oreille |
| Cliffs | Klickitat | Custer | Whatcom |
| Clinton | Island | | |
| Clipper | Whatcom | D | |
| Cloverland | Asotin | Dabob | Jefferson |
| Clyde | Walla Walla | Daisy | Stevens |
| Clyde Hill | King | Dalkena | Pend Oreille |
| Cohasset | Grays Harbor | Dallesport | Klickitat |
| Colbert | Spokane | Danville | Ferry |
| Colby | Kitsap | Darknell | Spokane |
| Colchester | Kitsap | Darrington | Skagit |
| Coles Corner | Chelan | Darrington | Snohomish |
| Colfax | Whitman | Dash Point | Pierce |
| College Place | Walla Walla | Davenport | Lincoln |
| Colton | Whitman | Dayton | Columbia |
| Columbia Beach | Island | Decatur | San Juan |
| Colville | Stevens | Deep Creek | Spokane |
| Colvos | King | Deep River | Wahkiakum |
| Conconully | Okanogan | Deer Harbor | San Juan |
| Concrete | Skagit | Deer Park | Spokane |
| Congdon | Yakima | Deer Park | Stevens |
| Connell | Franklin | | |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|----------------|---------------|---------------|---------------|
| Del Rio | Douglas | Eglon | Kitsap |
| Delaney | Columbia | Elbe | Pierce |
| Deming | Whatcom | Elberton | Whitman |
| Denison | Spokane | Eldon | Mason |
| Des Moines | King | Eleanor | Lincoln |
| Desert Aire | Grant | Electric City | Grant |
| Dewatto | Mason | Electron | Pierce |
| Diamond | Whitman | Elgin | Pierce |
| Diamond Lake | Pend Oreille | Elk | Pend Oreille |
| Dieringer | Pierce | Elk | Spokane |
| Disautel | Okanogan | Elk Park | Jefferson |
| Discovery Bay | Jefferson | Ellensburg | Kittitas |
| Dishman | Spokane | Ellisforde | Okanogan |
| Dixie | Walla Walla | Ellisport | King |
| Dockton | King | Ellsworth | Clark |
| Dodge | Garfield | Elma | Grays Harbor |
| Doe Bay | San Juan | Elmer City | Okanogan |
| Dominion | Stevens | Eltopia | Franklin |
| Donald | Yakima | Elwha | Clallam |
| Doty | Lewis | Endicott | Whitman |
| Douglas | Douglas | Ennis Cr | Walla Walla |
| Downs | Lincoln | Entiat | Chelan |
| Drum | Walla Walla | Enumclaw | King |
| Dryad | Lewis | Ephrata | Grant |
| Dryden | Chelan | Eschbach | Yakima |
| Du Point | Pierce | Espanola | Spokane |
| Duluth | Clark | Esperance | Snohomish |
| Dungeness | Clallam | Ethel | Lewis |
| Durham | King | Eureka | Walla Walla |
| Dusty | Whitman | Eurelid | Walla Walla |
| Duvall | King | Evans | Stevens |
| Duwamish | King | Everett | Snohomish |
| | | Evergreen | Jefferson |
| | | Everson | Whatcom |
| | | Ewan | Whitman |
| E | | F | |
| Earl | Lincoln | Factoria | King |
| Earlington | King | Fairbanks | Whitman |
| Earmstrong | Whitman | Fairchild | Spokane |
| East Redmond | King | Fairchild AFB | Spokane |
| East Spokane | Spokane | Fairfax | Pierce |
| East Stanwood | Snohomish | Fairfield | Spokane |
| East Farms | Spokane | Fairhaven | Whatcom |
| East Olympia | Thurston | Fairholm | Clallam |
| East Sound | San Juan | Fairmont | Snohomish |
| East Wenatchee | Douglas | Fairmount | Jefferson |
| Eastgate | King | Fall City | King |
| Easton | Kittitas | Farmer | Douglas |
| Eatonville | Pierce | Farmington | Whitman |
| Echo | Stevens | Farris | Chelan |
| Edgecomb | Snohomish | Federal Way | King |
| Edgewood | Pierce | | |
| Edison | Skagit | | |
| Edmonds | Snohomish | | |
| Edwall | Lincoln | | |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|-------------------|---------------|----------------|---------------|
| Felida | Clark | Glade | Franklin |
| Ferndale | Whatcom | Gleed | Yakima |
| Fern Hill | Pierce | Glendale | Island |
| Ferry | Ferry | Glenoma | Lewis |
| Fife | Pierce | Glenwood | Kitsap |
| Finley | Benton | Glenwood | Klickitat |
| Fircrest | Pierce | Gloyd | Grant |
| Fisher | Clark | Gold Bar | Snohomish |
| Fishtrap | Lincoln | Goldendale | Klickitat |
| Fletcher Bay | Kitsap | Goodnoe Hills | Klickitat |
| Florence | Snohomish | Goose Prairie | Yakima |
| Fobes | Snohomish | Gorst | Kitsap |
| Ford | Stevens | Gould City | Garfield |
| Forest City | Kitsap | Govan | Lincoln |
| Forest Park | King | Graham | Pierce |
| Forks | Clallam | Grand Mound | Thurston |
| Forks | Jefferson | Grand Coulee | Grant |
| Fort Lewis | Pierce | Grandview | Clallam |
| Fort Steilacoom | Pierce | Grandview | Yakima |
| Fortson | Snohomish | Granger | Yakima |
| Foster | King | Granite Falls | Snohomish |
| Four Lakes | King | Grant Orchards | Grant |
| Four Lakes | Spokane | Grapeview | Mason |
| Fox Island | Pierce | Grayland | Grays Harbor |
| Foy | King | Grayland | Pacific |
| Fragaria | Kitsap | Grays River | Wahkiakum |
| Frances | Pacific | Greenacres | Spokane |
| Freeland | Island | Greenbank | Island |
| Freeman | Spokane | Green Mountain | Clark |
| Friday Harbor | San Juan | Greenwater | King |
| Fruitland | Stevens | Greenwater | Pierce |
| Fruitvale | Yakima | Grisdale | Grays Harbor |
| Fuller | Grays Harbor | Gromore | Yakima |
| Furport | Pend Oreille | Grotto | King |
| | | Guemes | Island |
| | | Guerrier | Lewis |
| | | Guler | Klickitat |
| G | | | |
| Galena | Spokane | H | |
| Galvin | Lewis | | |
| Garcia | King | | |
| Gardiner | Jefferson | | Yakima |
| Garfield | Whitman | | Walla Walla |
| Garland Min Sprgs | Snohomish | | Jefferson |
| Gate | Thurston | | King |
| George | Grant | | King |
| Gerome | Stevens | | Skagit |
| Gertrude | Pierce | | Benton |
| Gifford | Stevens | | Kitsap |
| Gig Harbor | Pierce | | Walla Walla |
| Gilmer | Klickitat | | Kitsap |
| Glacier | Whatcom | | Yakima |
| | | | |
| | | | |
| | | | |
| | | | |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|-------------------|---------------|---------------|---------------|
| Harrington | Lincoln | J | |
| Harsha | Walla Walla | | |
| Hartford | Snohomish | | |
| Hartline | Grant | | Jared |
| Hatton | Adams | | Pend Oreille |
| Havillah | Okanogan | | Whitman |
| Hay | Whitman | | Clallam |
| Hays Park | Spokane | | Clallam |
| Hazel Dell | Clark | | King |
| Hazelwood | King | | Grays |
| Heart O'the Hills | Clallam | Junction City | |
| Heisson | Clark | Harbor | |
| Hellgate | Ferry | Juno | Whitman |
| High Point | King | K | |
| Hilda | Lewis | | |
| Hillyard | Spokane | | Kahlotus |
| Hobart | King | | Franklin |
| Hockinson | Clark | | Kalaloch |
| Holcomb | Pacific | | Jefferson |
| Holden | Chelan | | Kalama |
| Holly | Kitsap | | Cowlitz |
| Hollywood | King | | Mason |
| Home | Pierce | | Kamilche |
| Home Valley | Skamania | | Kapowsin |
| Hoodspout | Mason | | Pierce |
| Hooper | Whitman | | Okanogan |
| Hoquiam | Grays Harbor | | King |
| Houghton | King | | Ferry |
| Hover | Benton | | Cowlitz |
| Humptulips | Grays Harbor | | Whatcom |
| Hunters | Stevens | | King |
| Hunts Point | King | | Benton |
| Huntsville | Columbia | | King |
| Husum | Klickitat | | King |
| Hyak | Kittitas | | Pierce |
| Hyas | Kittitas | | Stevens |
| I | | | Ferry |
| | | | Pierce |
| | | | Kitsap |
| | | | Kitsap |
| | | | Benton |
| | | | Pacific |
| | | | King |
| | | | Kitsap |
| | | | Kittitas |
| | | | Lewis |
| Illahee | Kitsap | Klaber | Lewis |
| Illia | Garfield | Klaus | Klickitat |
| Ilwaco | Pacific | Klickitat | Pacific |
| Impach | Ferry | Klipsan Beach | Pacific |
| Independence | Thurston | Knappton | Clallam |
| Index | Snohomish | Koller | Walla Walla |
| Indianola | Kitsap | Kooskooskie | Lewis |
| Ione | Pend Oreille | Kosmos | Grant |
| Irby | Lincoln | Krupp | |
| Irondale | Jefferson | | |
| Issaquah | King | | |
| Ivan | Clallam | | |
| Iverson | Clallam | | |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|------------------|---------------|------------------|---------------|
| L | | Low Gap | Grant |
| La Center | Clark | Lucerne | Chelan |
| Lacey | Thurston | Lummi | Whatcom |
| La Conner | Skagit | Lummi Island | Whatcom |
| La Fluor | Okanogan | Lyle | Klickitat |
| La Grande | Pierce | Lyman | Skagit |
| La Grosse | Whitman | Lynden | Whatcom |
| La Push | Clallam | Lynnwood | Snohomish |
| Lakebay | Pierce | Lynwood | Kitsap |
| Lake City | King | | |
| Lake Forest Park | King | M | |
| Lake Sammamish | King | Mabton | Yakima |
| Lakeside | Chelan | Macall | Adams |
| Lakewood | Pierce | Machias | Snohomish |
| Lakewood | Snohomish | Madigan Hospital | Pierce |
| Lakewood Center | Pierce | Mae | Grant |
| Lamona | Lincoln | Magnolia Beach | King |
| Lamont | Whitman | Maiden | Whitman |
| Lancaster | Whitman | Malaga | Chelan |
| Langley | Island | Malden | Whitman |
| Larchmont | Pierce | Malo | Ferry |
| Latah | Spokane | Malone | Grays Harbor |
| Laurel | Klickitat | Malott | Okanogan |
| Laurier | Ferry | Maltby | Snohomish |
| Law | Grays Harbor | Manchester | Kitsap |
| Lawrence | Pierce | Manette | Kitsap |
| Leadpoint | Stevens | Manito | Spokane |
| Leahy | Douglas | Mansfield | Douglas |
| Leavenworth | Chelan | Manson | Chelan |
| Lebam | Pacific | Maple Beach | Whatcom |
| Leland | Jefferson | Maple Falls | Whatcom |
| Lester | King | Maple Valley | King |
| Lexington | Cowlitz | Marble | Stevens |
| Liberty | Kittitas | Marblemount | Skagit |
| Liberty Lake | Spokane | Marcellus | Adams |
| Lilliwaup | Mason | Marcus | Stevens |
| Lincoln | Lincoln | Marengo | Adams |
| Lind | Adams | Markham | Grays Harbor |
| Lisabuela | King | Marlin | Lincoln |
| Littlerock | Thurston | Marlin | Grant |
| Locke | Pend Oreille | Marshall | Spokane |
| Lofall | Kitsap | Maryhill | Klickitat |
| Long Beach | Pacific | Mary's Corner | Lewis |
| Longbranch | Pierce | Marysville | Snohomish |
| Longmire | Pierce | Mason City | Okanogan |
| Loomis | Okanogan | Matlock | Mason |
| Loon Lake | Stevens | Mats Mats | Jefferson |
| Lopez | San Juan | Mattawa | Grant |
| Lopez Creek | Pend Oreille | Maxwelton | Island |
| Lopez Island | San Juan | May Creek | King |
| Lowden | Walla Walla | May View | Garfield |
| Lowell | Snohomish | | |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|----------------|---------------|-------------------|---------------|
| Mayfield | Lewis | Morton | Lewis |
| Maytown | Thurston | Moses | Whitman |
| Maywood | King | Moses Lake | Grant |
| Mazama | Okanogan | Mossyrock | Lewis |
| McChord | Pierce | Mottinger | Benton |
| McChord AFB | Pierce | Moulton | Clark |
| McCleary | Grays Harbor | Mountain View | Asotin |
| McGowan | Pacific | Mount Baker | Whatcom |
| McKenna | Pierce | Mount Hope | Spokane |
| McMurray | Skagit | Mountlake Terrace | King |
| McMillin | Pierce | Mountlake Terrace | Snohomish |
| Mead | Spokane | Mount Vernon | Skagit |
| Meadowbrook | King | Mountview | Skagit |
| Meadowdale | Snohomish | Moxee City | Yakima |
| Medical Lake | Spokane | Mukilteo | Snohomish |
| Medina | King | Murnen | Lewis |
| Megler | Pacific | | |
| Melbourne | Gray Harbor | N | |
| Menlo | Pacific | Naches | Yakima |
| Mercer Island | King | Naco | King |
| Meridian | Pierce | Nagrom | King |
| Merritt | Chelan | Nahcotta | Pacific |
| Mesa | Franklin | Nallpee | Pacific |
| Metaline | Pend Oreille | Napavine | Lewis |
| Metaline Falls | Pend Oreille | Nappleton | Klickitat |
| Methow | Okanogan | Naselle | Pacific |
| Meyers Falls | Pend Oreille | Nason Creek | Chelan |
| Mica | Spokane | National | Pierce |
| Midland | Pierce | Naval Base | Kitsap |
| Midway | King | Navy Yard City | Kitsap |
| Milan | Spokane | Neah Bay | Clallam |
| Miles | Stevens | Neilton | Grays Harbor |
| Mill Creek | Snohomish | Nelson | Kittitas |
| Millwood | Spokane | Nemah | Pacific |
| Milton | King | Neppel | Grant |
| Mineral | Lewis | Nespelem | Okanogan |
| Minnick | Walla Walla | Newcastle | King |
| Mirror Lake | King | Newhalem | Whatcom |
| Moclips | Grays Harbor | Newman Lake | Spokane |
| Mohler | Lincoln | Newport | Pend Oreille |
| Mold | Douglas | Newport Hills | King |
| Molson | Okanogan | Nighthawk | Okanogan |
| Monahans | Ferry | Ninemile | Ferry |
| Moncoal | Lewis | Nine Mile Falls | Spokane |
| Mondovi | Lincoln | Nine Mile Falls | Stevens |
| Monitor | Chelan | Nisqually | Thurston |
| Monroe | Snohomish | Noble | King |
| Monse | Okanogan | Nooksack | Whatcom |
| Montborne | Skagit | Nordland | Jefferson |
| Monte | Yakima | Norma Beach | Snohomish |
| Monte Cristo | Snohomish | Norman | Snohomish |
| Montesano | Grays Harbor | Normandy Park | King |
| Moore | Chelan | North Bend | King |
| Mora | Clallam | | |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|------------------|---------------|-------------|---------------|
| North Bonneville | Skamania | P | |
| North City | King | | |
| North Cove | Pacific | | |
| Northdalles | Klickitat | | King |
| North Fort Lewis | Pierce | | Grays Harbor |
| Northgate | King | | Lewis |
| Northport | Stevens | | Walla Walla |
| Novara | Adams | | Franklin |
| Novelty | King | | Adams |
| | | | Douglas |
| | | | King |
| | | | Pierce |
| | | | Pierce |
| | | | Whatcom |
| | | | Yakima |
| | | | Pierce |
| | | | Stevens |
| | | | Spokane |
| | | | Pierce |
| | | | Franklin |
| | | | Garfield |
| | | | Okanogan |
| | | | Benton |
| | | | Walla Walla |
| | | | Lincoln |
| | | | Lewis |
| | | | Kitsap |
| | | | Whitman |
| | | | Whitman |
| | | | Chelan |
| | | | Clallam |
| | | | Whitman |
| | | | Snohomish |
| | | | Clark |
| | | | King |
| | | | Chelan |
| | | | Spokane |
| | | | Walla Walla |
| | | | Lincoln |
| | | | Benton |
| | | | Whatcom |
| | | | Garfield |
| | | | Yakima |
| | | | King |
| | | | Clallam |
| | | | Kitsap |
| | | | Grays Harbor |
| | | | Kitsap |
| | | | Jefferson |
| | | | Kitsap |
| | | | Kitsap |
| | | | San Juan |

O

| | |
|---------------|--------------|
| Oakbrook | Pierce |
| Oakedale | Whitman |
| Oak Harbor | Island |
| Oak Point | Cowlitz |
| Oakville | Grays Harbor |
| Ocean City | Grays Harbor |
| Ocean Park | Pacific |
| Ocean Shores | Grays Harbor |
| Oceanside | Pacific |
| Ocosta | Grays Harbor |
| Odessa | Lincoln |
| Ohop | Pierce |
| Okanogan | Okanogan |
| Olalla | Kitsap |
| Old Toroda | Okanogan |
| Olga | San Juan |
| Olympia | Thurston |
| Omak | Okanogan |
| Onalaska | Lewis |
| Opportunity | Spokane |
| Orcas | San Juan |
| Orcas Island | San Juan |
| Orchards | Clark |
| Orient | Ferry |
| Orillia | King |
| Orin | Stevens |
| Orondo | Douglas |
| Oroville | Okanogan |
| Orting | Pierce |
| Osborne | Grant |
| Oso | Snohomish |
| Ostranger | Cowlitz |
| Othello | Adams |
| Otis Orchards | Spokane |
| Outlook | Yakima |
| Ovington | Clallam |
| Oyhut | Grays Harbor |
| Oysterville | Pacific |
| Ozette | Clallam |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|---------------|---------------|------------------|---------------|
| Port Townsend | Jefferson | Rimrock | Yakima |
| Possession | Island | Ringo | Whitman |
| Potlatch | Mason | Ringold | Franklin |
| Poulsbo | Kitsap | Riparia | Whitman |
| Prescott | Walla Walla | Risbeck | Whitman |
| Preston | King | Ritzville | Adams |
| Prevost | San Juan | Riverside | Okanogan |
| Priest Rapids | Yakima | Riverside | Spokane |
| Prindler | Skamania | Riverton | King |
| Procter | Pierce | Riverton Heights | King |
| Prosser | Benton | Robe | Snohomish |
| Pullman | Whitman | Roche Harbor | San Juan |
| Purdy | Pierce | Rochester | Thurston |
| Puyallup | Pierce | Rockford | Spokane |
| Pysht | Clallam | Rock Island | Douglas |
| | | Rock Lake | Whitman |
| | | Rocklyn | Lincoln |
| | | Rockport | Skagit |
| | | Rockwell | Adams |
| | | Rodna | Spokane |
| | | Roger | Snohomish |
| | | Rogersburg | Asotin |
| | | Rolling Bay | Kitsap |
| | | Rollingsbay | Kitsap |
| | | Rollins | Spokane |
| | | Ronald | Kittitas |
| | | Ronan | Columbia |
| | | Roosevelt | Klickitat |
| | | Rosalina | Spokane |
| | | Rosalia | Whitman |
| | | Rosario | San Juan |
| | | Rosburg | Wahkiakum |
| | | Rosedale | Pierce |
| | | Rose Hill | King |
| | | Rosewood | Spokane |
| | | Roslyn | Kittitas |
| | | Roxboro | Adams |
| | | Ray | Pierce |
| | | Royal City | Grant |
| | | Roza | Kittitas |
| | | Ruby | Pend Oreille |
| | | Ruff | Grant |
| | | Ruffle | Yakima |
| | | Rulo | Walla Walla |
| | | Ruston | Pierce |
| | | Ryderwood | Cowlitz |
| | | | |
| | | S | |
| | | Sagemore | Franklin |
| | | Saint Andrews | Douglas |
| | | Saint John | Whitman |

Q

| | |
|------------|--------------|
| Queets | Jefferson |
| Quilcene | Jefferson |
| Quillayute | Clallam |
| Quinault | Grays Harbor |
| Quincy | Grant |

R

| | |
|--------------------|----------|
| Ragnar | King |
| Rainier | Thurston |
| Ralston | Adams |
| Randle | Lewis |
| Ravensdale | King |
| Raymond | Pacific |
| Reardan | Lincoln |
| Reardan | Spokane |
| Redmond | King |
| Redondo | King |
| Redondo Beach | King |
| Reflection Lake | Spokane |
| Regal | Kittitas |
| Reno | Whitman |
| Renton | King |
| Republic | Ferry |
| Retsil | Kitsap |
| Revere | Whitman |
| Rice | Stevens |
| Richardson | San Juan |
| Richland | Benton |
| Richmond Beach | King |
| Richmond Highlands | King |
| Ridgefield | Clark |
| Ridpath | Whitman |
| Riffe | Lewis |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|-----------------|---------------|-----------------|---------------|
| Salkum | Lewis | Soda Springs | Yakima |
| Salmon La Sac | Kittitas | South Aberdeen | Grays Harbor |
| Sam | Douglas | South Bend | Pacific |
| Samish | Skagit | South Colby | Kitsap |
| San De Fuca | Island | South Cle Elum | Kittitas |
| Sappho | Clallam | South Elma | Grays Harbor |
| Sara | Clark | Southgate | Thurston |
| Satsop | Grays Harbor | South Hill | Pierce |
| Satus | Yakima | South Point | Jefferson |
| Sauk | Skagit | South Prairie | Pierce |
| Sawyer | Yakima | South Tacoma | Pierce |
| Scenic | King | South Wenatchee | Chelan |
| Schrag | Adams | Southworth | Kitsap |
| Scotia | Pend Oreille | Spanaway | Pierce |
| Seabeck | Kitsap | Spangle | Spokane |
| Seabold | Kitsap | Spirit | Stevens |
| Seahurst | King | Spirit Lake | Skamania |
| Seattle | King | Spokane | Spokane |
| Seattle Heights | King | Spokane Bridge | Spokane |
| Seaview | Pacific | Sprague | Lincoln |
| Sedro Woolley | Skagit | Spring Beach | King |
| Sekiu | Clallam | Springdale | Stevens |
| Selah | Yakima | Spring Valley | Spokane |
| Selleck | King | Squaxin | Mason |
| Seltice | Whitman | Squaxin Island | Mason |
| Sequim | Clallam | Staircase | Mason |
| Shadle Garland | Spokane | Staley | Whitman |
| Sharon | Spokane | Stanwood | Skagit |
| Shaw Island | San Juan | Stanwood | Snohomish |
| Shelton | Mason | Starbuck | Columbia |
| Shine | Jefferson | Startup | Snohomish |
| Shoreline | King | Stehekin | Chelan |
| Silvana` | Snohomish | Steilacoom | Pierce |
| Silver Creek | Lewis | Stella | Cowlitz |
| Silvercreek | Lewis | Steptoe | Whitman |
| Silverdale | Kitsap | Stevens | King |
| Silverlake | Cowlitz | Stevenson | Skamania |
| Silverton | Snohomish | Stewart | Yakima |
| Skamania | Skamania | Stratford | Grant |
| Skamokawa | Wahkiakum | Stuck | King |
| Skykomish | King | Sudbury | Walla Walla |
| Skyrna | Grant | Sultan | Snohomish |
| Skyway | King | Sumach | Yakima |
| Sloane | King | Sumas | Whatcom |
| Smokey Point | Snohomish | Summit | Pierce |
| Smyrna | Grant | Sumner | Pierce |
| Snake River | Franklin | Sundale | Klickitat |
| Snohomish | Snohomish | Sunlight Beach | Island |
| Snoqualmie | King | Sunnyside | Yakima |
| Snoqualmie Pass | King | Sunrise | Pierce |
| Snoqualmie Pass | Kittitas | Sunset | Whitman |
| Snowden | Klickitat | Suquamish | Kitsap |
| Soap Lake | Grant | Sutico | Pacific |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|-----------------|---------------|------------------|---------------|
| Swamp Creek | Snohomish | U | |
| Sylvan | Pierce | Umptanum | Kittitas |
| Synarep | Okanogan | Underwood | Skamania |
| T | | Union Gap | Yakima |
| Tacoma | Pierce | Union | Mason |
| Tahlequah | King | Union Mills | Thurston |
| Taholah | Grays Harbor | Uniontown | Whitman |
| Tahuya | Mason | University Place | Pierce |
| Talmage | Kittitas | Urban | Skagit |
| Tampico | Yakima | Usk | Pend Oreille |
| Tanglewild | Thurston | Utsalady | Island |
| Tatoosh | Clallam | | |
| Taylor | King | V | |
| Teanaway | Kittitas | Vader | Lewis |
| Tekoa | Whitman | Vail | Thurston |
| Telford | Lincoln | Valley | Stevens |
| Telma | Chelan | Valleyford | Spokane |
| Tenino | Thurston | Vance | Lewis |
| Terrace Heights | Yakima | Vancouver | Clark |
| Thatcher | San Juan | Vantage | Kittitas |
| Thornton | Whitman | Van Zant | Whatcom |
| Thornwood | Pierce | Vason | King |
| Thorp | Kittitas | Vashon Center | King |
| Tieton | Yakima | Vason Heights | King |
| Tiger | Pend Oreille | Vashon Island | Island |
| Tillicum | Pierce | Vaughn | Pierce |
| Timentwa | Okanogan | Vega | Pierce |
| Tokeland | Pacific | Veradale | Spokane |
| Tokio | Adams | Verlot | Snohomish |
| Toledo | Lewis | Vernita | Benton |
| Tolt | King | Victor | Mason |
| Tonasket | Okanogan | Virginia | Kitsap |
| Tono | Thurston | | |
| Toppenish | Yakima | W | |
| Toroda | Ferry | Wahkiacus | Klickitat |
| Totem Lake | King | Wahluke | Grant |
| Touchet | Walla Walla | Waitsburg | Walla Walla |
| Toutle | Cowlitz | Wakefield | Okanogan |
| Tracyton | Kitsap | Waldron | San Juan |
| Trentwood | Spokane | Walla Walla | Walla Walla |
| Trinidad | Grant | Wallgren | Whatcom |
| Trout Lake | Klickitat | Wallula | Walla Walla |
| Tukwila | King | Waltsburg | Walla Walla |
| Tulalip | Snohomish | Wapato | Yakima |
| Tumtum | Stevens | | |
| Tumwater | Thurston | | |
| Twisp | Okanogan | | |
| Tyler | Spokane | | |

Death and Fetal Death Registration Handbook

| <u>CITY</u> | <u>COUNTY</u> | <u>CITY</u> | <u>COUNTY</u> |
|------------------------|---------------|--------------|---------------|
| Warden | Grant | Woodway | Snohomish |
| Warm Beach | Snohomish | Wycoff | Kitsap |
| Wa State University | Whitman | Wymer | Kittitas |
| Washougal | Clark | | |
| Washougal | Skamania | Y | |
| Washtucna | Adams | | |
| Waterville | Douglas | Yacolt | Clark |
| Wauconda | Okanogan | Yakima | Yakima |
| Waukon | Lincoln | Yale | Cowlitz |
| Wauna | Pierce | Yardley | Spokane |
| Waverly | Spokane | Yarrow Point | King |
| Wawawai | Whitman | Yelm | Thurston |
| Wellpinit | Stevens | Yoman Dock | King |
| Wenatchee | Chelan | | |
| Wenatchee Heights | Chelan | Z | |
| West Clarkston | Asotin | | |
| West Richland | Benton | Zenith | King |
| West Seattle | King | Zillah | Yakima |
| West Sound | San Juan | | |
| Wheeler | Grant | | |
| Whidbey Island | Island | | |
| Whidbey Island Us Navy | Island | | |
| White Bluffs | Benton | | |
| White Center | King | | |
| White Pass | Yakima | | |
| Whites | Grays | | |
| Harbor | | | |
| White Salmon | Klickitat | | |
| White Swan | Yakima | | |
| Wickersham | Whatcom | | |
| Wilbur | Lincoln | | |
| Wilburton | King | | |
| Wiley City | Yakima | | |
| Wilkeson | Pierce | | |
| Willada | Whitman | | |
| Willapa | Skamania | | |
| Wilson Creek | Grant | | |
| Winchester | Grant | | |
| Winco | Whatcom | | |
| Winesap | Chelan | | |
| Winlock | Lewis | | |
| Winona | Whitman | | |
| Winslow | Kitsap | | |
| Winthrop | Okanogan | | |
| Winton | Chelan | | |
| Wishram | Klickitat | | |
| Wishram Heights | Klickitat | | |
| Withrow | Douglas | | |
| Wollochet | Pierce | | |
| Woodinville | King | | |
| Woodinville | Snohomish | | |
| Woodland | Clark | | |
| Woodland | Cowlitz | | |

Death and Fetal Death Registration Handbook

Death and Fetal Death Registration Handbook

Death and Fetal Death Registration Handbook

Death and Fetal Death Registration Handbook

Appendix E. State Abbreviations

| | | | |
|----------------------|----|------------------|----|
| Alabama | AL | Nebraska | NE |
| Alaska | AK | Nevada | NV |
| Arkansas | AR | New Jersey | NH |
| California | CA | New Mexico | NM |
| Colorado | CO | New York | NY |
| Connecticut | CT | North Carolina | NC |
| Delaware | DE | North Dakota | ND |
| District of Columbia | DC | Ohio | OH |
| Florida | FL | Oklahoma | OK |
| Georgia | GA | Oregon | OR |
| Hawaii | HI | Pennsylvania | PA |
| Idaho | ID | Rhode Island | RI |
| Illinois | IL | South Carolina | SC |
| Indiana | IN | South Dakota | SD |
| Iowa | IA | Tennessee | TN |
| Kansas | KS | Texas | TX |
| Kentucky | KY | Utah | UT |
| Louisiana | LA | Vermont | VT |
| Maryland | MD | Washington | WA |
| Massachusetts | MA | West Virginia | WV |
| Michigan | MI | Wisconsin | WI |
| Minnesota | MN | Wyoming | WY |
| Mississippi | MS | | |
| Missouri | MO | American Samoa | AS |
| Montana | MT | Fed STS Of | FM |
| | | Micronesia | |
| | | Guam | GU |
| | | N Mariana Island | NP |
| | | Puerto Rico | PR |
| | | Virgin Islands | VI |

Death and Fetal Death Registration Handbook

Death and Fetal Death Registration Handbook

Appendix F. State Vital Statistics Addresses

ALABAMA
PO BOX 5625
MONTGOMERY AL 36103-5625
PHONE: 334-206-5418

ALASKA
PO BOX 110675
JUNEAU AK 99811-0675
PHONE: 907-465-3391

AMERICAN SAMOA
GOVERNMENT OF AM. SAMOA
PAGO PAGO AS 96799
PHONE: 684-633-1222 X214

ARIZONA
PO BOX 3887
PHOENIX AZ 85030
PHONE: 602-364-1300

ARKANSAS
4815 W MARKHAM, SLOT #44
LITTLE ROCK AR 72205
PHONE: 501-661-2336

CALIFORNIA
PO BOX 730241
SACRAMENTO CA 94244-0241
PHONE: 916-445-2684

COLORADO
4300 CHERRY CREEK DR S
DENVER CO 80246-1530
PHONE: 303-756-4464

CONNECTICUT
PO BOX 340308
HARTFORD CT 06134-0308
PHONE: 860-509-7897

DELAWARE
PO BOX 637
DOVER DE 19903
PHONE: 302-744-4549

DIST OF COLUMBIA
825 N. CAPITOL ST NE
WASHINGTON DC 20002
PHONE: 202-442-9009

FLORIDA
PO BOX 210
JACKSONVILLE FL 32231
PHONE: 904-359-6900

GEORGIA
2600 SKYLAND DR NE
ATLANTA GA 30319-3640
PHONE: 404-679-4701

GUAM
PO BOX 2816
AGANA GUAM MI 96910
PHONE: 671-735-7263

HAWAII
PO BOX 3378
HONOLULU HI 96801
PHONE: 808-586-4533

IDAHO
PO BOX 83720
BOISE ID 83720-0036
PHONE: 208-334-5988

ILLINOIS
605 W JEFFERSON ST
SPRINGFIELD IL 62702-5097
PHONE: 217-782-6553

INDIANA
PO BOX 7125
INDIANAPOLIS IN 46206-7125
PHONE: 317-233-2700

IOWA
321 E 12TH ST
DES MOINES IA 50319-0075
PHONE: 515-281-4944

KANSAS
1000 SW JACKSON ST,
SUITE 120
TOPEKA KS 66612-2221
PHONE: 785-296-1400

KENTUCKY
275 E MAIN ST, 1E-A
FRANKFORT KY 40621
PHONE: 502-564-4212

LOUISIANA
PO BOX 60630
NEW ORLEANS LA 70160
PHONE: 504-568-5152

MAINE
221 ST ST; STATE HOUSE
STATION 11
AUGUSTA ME 04333-0011
PHONE: 207-287-3181

MARYLAND
6550 REISTERSTOWN RD
BALTIMORE MD 21215
PHONE: 410-764-3038

MASSACHUSETTS
150 MOUNT VERNON ST,
1ST FLOOR
DORCHESTER MA 02125-3105
PHONE: 617-740-2600

MICHIGAN
PO BOX 30721
LANSING MI 48909
PHONE: 517-335-8656

MINNESOTA
PO BOX 9441
MINNEAPOLIS MN 55440
PHONE: 612-676-5120

MISSISSIPPI
PO BOX 1700
JACKSONVILLE MS 39215-1700
PHONE: 601-576-7981

MISSOURI
PO BOX 570
JEFFERSON CITY MO 65102-
0570
PHONE: 573-751-6400

MONTANA
PO BOX 4210
HELENA MT 59604
PHONE: 406-444-4228

NEBRASKA
PO BOX 95065
LINCOLN NE 68509-5065
PHONE: 402-471-2871

Death and Fetal Death Registration Handbook

NEVADA
505 E KING ST, #102
CARSON CITY NV 89710
PHONE: 775-684-4242

NEW HAMPSHIRE
6 HAZEN DR
CONCORD NH 3301
PHONE: 603-271-4654

NEW JERSEY
PO BOX 370
TRENTON NJ 08625
PHONE: 609-292-4087

NEW MEXICO
PO BOX 26110
SANTA FE NM 87502
PHONE: 505-827-2338

NEW YORK STATE
PO BOX 2602
ALBANY NY 12220-2602
PHONE: 518-474-3075

NEW YORK CITY
125 WORTH ST, RM 133
NEW YORK CITY NY 10013
PHONE: 212-788-4520

NORTH CAROLINA
1903 MAIL SERVICE CENTER
RALEIGH NC 27699-1903
PHONE: 919-733-3526

NORTH DAKOTA
600 E BOULEVARD AVE
BISMARCK ND 58505-0200
PHONE: 701-328-2360

N MARIANA ISL
PO BOX 307
SAIPAN MP 96950
PHONE: 670-234-6401 X15

OHIO
PO BOX 15098
COLUMBUS OH 43215-0098
PHONE: 614-466-2531

OKLAHOMA
PO BOX 53551
OKLAHOMA CITY OK 73152
PHONE: 405-271-4040

OREGON
PO BOX 14050
PORTLAND OR 97293-0050
PHONE: 503-731-4095

PENNSYLVANIA
PO BOX 1528
NEW CASTLE PA 16103
PHONE: 724-656-3100

PUERO RICO
DEMOGRAPHIC REGISTRY
PO BOX 11854
SAN JUAN PR 00910
PHONE: 787-767-9120

RHODE ISLAND
3 CAPITOL HILL, RM 101
PROVIDENCE RI 02908-5097
PHONE: 401-222-2812

SOUTH CAROLINA
2600 BULL ST
COLUMBIA SC 29201
PHONE: 803-898-3630

SOUTH DAKOTA
600 E CAPITOL AVE
PIERRE SD 57501-2536
PHONE: 605-773-3355

TENNESSEE
421 5TH AVE N
NASHVILLE TN 37247-0450
PHONE: 615-741-1763

TEXAS
PO BOX 12040
AUSTIN TX 78711-2040
PHONE: 512-458-7111

UTAH
PO BOX 141012
SALT LAKE CITY UT 84114-1012
PHONE: 801-538-6105

VERMONT
BOX 70
BURLINGTON VT 05402
PHONE: 802-863-7275

VIRGINIA
PO BOX 1000
RICHMOND VA 23218-1000
PHONE: 804-662-6200

VIRGIN ISLANDS
KNUD HANSON COMPLEX,
HOSPITAL GROUND
ST THOMAS VI 00802
PHONE: 809-774-9000 X4621

WASHINGTON
PO BOX 9709
OLYMPIA WA 9507-9709
PHONE: 360-236-4300

WEST VIRGINIA
350 CAPITOL ST, RM 165
CHARLESTON WV 25301-3701
PHONE: 304-558-2931

WISCONSIN
PO BOX 309
MADISON WI 53701
PHONE: 608-266-1371

WYOMING
HATHAWAY BLDG
CHEYENNE WY 82002
PHONE: 307-777-7591

US FOREIGN BORN CHILDREN
US STATE DEPT
1111 19TH ST NW, SUITE 510
WASHINGTON DC 20522-1705
PHONE: 202-955-0307

Death and Fetal Death Registration Handbook

This page intentionally left blank

Death and Fetal Death Registration Handbook

Appendix G. Occupation and Industry Listing

Occupation

The following list consists of examples of occupations for which care must be taken. Included in this listing are examples of entries considered inadequate as well as the correct or adequate entries. Note that the examples listed as adequate entries do not include all acceptable occupation titles.

Inadequate

Accounting work

Adjuster

Agent

Analyst

Broker

Caretaker or custodian

Adequate

Accountant
Bookkeeper
Accounting machine operator
Tax auditor
Accounts payable clerk

Brake adjuster
Machine adjuster
Merchandise complaint adjuster
Insurance adjuster

Freight agent
Insurance agent
Sales agent
Advertising agent
Purchasing agent

Cement analyst
Food analyst
Budget analyst
Computer systems analyst
Procedure analyst
Air analyst

Stock broker
Insurance broker
Real estate broker
Livestock broker

Janitor
Guard
Building superintendent
Gardener
Groundskeeper
Sexton
Property clerk
Locker attendant

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Claims adjuster

Clerk

Consultant

Contractor

Counselor

Data Processing

Doctor

Adequate

Unemployment benefits claims
taker

Auto insurance adjuster
Right-of-way claims agent
Merchandise complaint adjuster
Office clerk

Stock clerk
Shipping clerk
Sales clerk or salesperson (person
who sold goods in a store)

Financial consultant
Legal consultant
Tax consultant

Construction contractor (specify
working or administrative type
duties)
Managerial contractor
Painting contractor (specify
administrative, managerial, or
working)

Educational counselor
Personnel counselor
Rehabilitation counselor
Guidance counselor
Marriage counselor
Psychiatric counselor

Computer programmer
Data typist
Keypunch operator
Computer operator
Coding clerk

Physician
Dentist
Veterinarian
Osteopath
Chiropractor
Naturopath

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Engineer

Entertainer

Equipment operator

Factory worker

Farm worker

Adequate

Civil engineer
Locomotive engineer
Mechanical engineer
Aeronautical engineer
Electrical engineer
Construction engineer
Marine engineer

Singer
Dancer
Acrobat
Musician

Road grader operator
Bulldozer operator
Trencher operator

Electric motor assembler
Forge heater
Turret lathe operator
Weaver
Loom fixer
Knitter stitcher
Punch-press operator
Spray painter
Riveter

Farmer or sharecropper (person responsible for operation of farm)
Farmhand (person who did general farm work for wages; may be a family member)
Farm helper (household relative who worked on family farm without pay)
Farm manager (person who was hired to manage a farm for someone else)

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Farm worker

Fireman

Foreman (craft or activity involved
should be specified)

Heavy equipment operator (type of
equipment should be specified)

Helper

Investigator

Laborer

Adequate

Farm service worker (worker who
went from farm to farm to harvest,
reap, or do similar operations on
contract basis usually using own
equipment)

Farm supervisor (person hired to
supervise a group of
farmhands)

Fruit picker (person hired to do a
particular job)

Migratory farmhand (person who
moved from place to place to
assist in planting and
harvesting of crops)

Locomotive fireman

City fireman (city fire department)

Kiln fireman

Stationary fireman

Fire boss

Carpenter foreman

Truck driver foreman

Ranch foreman

Clam-shovel operator

Derrick operator

Monorail crane operator

Dragline operator

Euclid operator

Baker's helper

Carpenter's helper

Janitor's helper

Insurance claim investigator

Income tax investigator

Financial examiner

Detective

Social welfare investigator

Sweeper

Cleaning person

Baggage porter

Janitor

Stevedore

Window washer

Car cleaner

Section head

Hand truck laborer

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Layout Worker

Maintenance worker

Mechanic

Nurse

Office clerk
Office work
Office worker

Program specialist

Programmer

Adequate

Pattern maker
Sheet-metal worker
Compositor
Commercial artist
Structural steelworker
Draftsperson
Coppersmith

Groundskeeper
Janitor
Carpenter
Electrician
Factory machine mechanic

Auto engine mechanic
Auto transmission mechanic
Airplane mechanic
Elevator mechanic
Office machine mechanic
Auto brake mechanic
Registered nurse
Nurse-midwife
Practical nurse
Nurse's aide
Student nurse
Nurse practitioner

Typist
Secretary
Receptionist
Comptometer operator
File clerk
Bookkeeper
Physician's assistant

Program scheduler
Data processing systems
supervisor
Metal-flow coordinator

Computer programmer
Electronic data programmer
Radio or TV program director
Production planner

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Ranch worker (see Farm worker)

Research (field of research should be specified; "associate" or "assistant" should be included if part of title)

Sales worker

Scientist

Shipping department

Supervisor

Systems analyst

Adequate

Rancher
Ranch hand

Research physicist
Research chemist
Research mathematician
Research biologist
Research associate chemist
Assistant research physicist
Research associate geologist

Advertising sales
Insurance sales
Bond sales
Canvasser
Driver-sales (route selling)
Fruit peddler
Newspaper sales
Newspaper advertising sales

Political scientist
Physicist
Sociologist
Home economist
Oceanographer
Soil scientist
Shipping and receiving clerk
Crater
Order picker
Typist
Parcel wrapper

Typing supervisor
Chief bookkeeper
Shop steward
Kitchen supervisor
Head buyer
Cutting and sewing supervisor
Sales director
Route supervisor

Computer systems analyst
Contract coordinator-manufacturing
Production planner

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Teacher (occupation for a teacher should be reported at the level taught; subject should included for those who taught above the elementary level)

Technician

Tester

Works in stock room, office, etc. (names of departments or place of work are unsatisfactory)

Adequate

Preschool teacher
Kindergarten teacher
Elementary school teacher
High school English teacher
College professor (mathematics)

Medical laboratory technician
Dental laboratory technician
X-ray technician
Chemical laboratory technician
Industrial test laboratory technician
Medical equipment repair technician
Telephone repair technician

Cement tester
Instrument tester
Engine tester
Battery tester

Shipping clerk
Filing clerk
Truck loader

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

INDUSTRY

The following are examples of industries that require special caution in reporting. Note that the listing of adequate titles does not include all acceptable titles.

Inadequate

Agency

Aircraft components
Aircraft parts

Auto or automobile components
Auto or automobile parts

Bakery

Box factory

City or city government

Club, private

Coal company

Adequate

Collection agency
Advertising agency
Real estate agency
Employment agency
Travel agency
Insurance agency

Airplane engine parts factory
Propeller manufacturing
Electronic instruments factory
Wholesale aircraft parts

Auto clutch manufacturing
Wholesale auto accessories
Auto tire manufacturing
Retail sales and installation of
mufflers
Battery factory

Bakery plant (makes and
sells to wholesalers, retail
stores, restaurants)
Wholesale bakery (buys from
manufacturer and sells to
grocers, restaurants, etc.)
Retail bakery (sells only on
premises to private individuals)

Paper box factory
Wooden box factory
Metal box factory

City street-repair department
City board of health
City board of education

Golf club
Fraternal club
Nightclub
Residence club

Coal mine
Retail coal yard
Wholesale coal

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Computers
manufacturing

County or county government

Credit company

Dairy

Discount house
Discount store

Electrical parts manufacturing

Engineering company

Express company

Factory, mill, or plant

Adequate

Computer component

Software development
Computer consultant firm

County recreation department
County board of education

Credit rating bureau
Loan company
Credit clothing company

Dairy farm
Dairy depot
Dairy bar
Wholesale dairy products
Retail dairy products
Dairy products manufacturing

Retail drug store
Retail electrical appliances
Retail general merchandise
Retail clothing store

Electronic tube factory
Memory core manufacturing
Transistor factory
Tape reader manufacturing

Civil engineering consultants
General contracting
Wholesale hearing equipment
Construction machinery factory

Motor freight
Railway express agency
Railroad car rental (for Union Tank
Car Co., etc.)
Armored car service

Steel rolling mill
Hardware factory
Aircraft factory
Flour mill
Hosiery mill
Commercial printing plant
Cotton cloth mill

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Foundry

Freight company

Fur or other clothing company

Laundry

Lumber company

Maintenance

Manufacturer's agent (product sold should
representative
be specified)

Medical

Adequate

Iron foundry
Brass foundry
Aluminum foundry

Motor freight
Air freight
Railway freight
Water transportation

Fur dressing plant
Fur garment factory
Retail fur store
Wholesale fur
Fur repair shop

Own home laundry (for a person
who laundered for pay in own
home)
Laundering for private family (for
person who worked in the
home of a private family)
Commercial laundry (for person
who worked in a steam laundry,
hand laundry, or similar
establishment)

Sawmill
Retail lumberyard
Planing mill
Logging camp
Wholesale lumber

Machine repair maintenance
Janitorial
Building repair (carpenter, etc.)

Jewelry manufacturer's

Lumber manufacturer's agent
Electric appliance manufacturer's
representative
Chemical manufacturer's agent

Hospital or Laboratory
Clinic
Doctor's Office

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Mine

Nylon factory

Office

Oil industry

Packing house

Pipeline

Plastics factory

Public utility (all services should be specified, such as gas and electric utility, or electric and water utility)

Railroad car shop

Adequate

Coal Mine
Gold mine
Bauxite mine
Iron mine
Copper mine
Lead mine
Marble quarry
Sand and gravel pit

Nylon chemical factory (where chemicals are made into fibers)
Nylon textile mill (where fibers are made into yarn or woven into cloth)
Women's nylon hosiery factory (where yarn is made into hosiery)

Dentist's office
Physician's office
Public stenographer's office

Oil field drilling
Petroleum refinery
Retail gasoline station
Petroleum pipeline
Wholesale oil distributor
Retail fuel oil

Meat packing plant
Fruit canner
Fruit packing shed (wholesale packers and shippers)

Natural gas pipeline
Gasoline pipeline
Petroleum pipeline
Pipeline construction

Plastic material factory (where plastic materials are made)

Electric light and power utility
Gas utility
Telephone
Water supply utility

Railroad car factory
Diesel railroad repair shop
Locomotive manufacturing plant

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Repair shop

Research

School (public and private schools, including parochial, must be distinguished, and the highest level of instruction should be identified, such as junior college or senior high school)

Shipping

Tailor shop
service)

Terminal

Textile mill

Adequate

Shoe repair shop
Television repair shop
Radio repair shop
Blacksmith shop
Welding shop
Auto repair shop
Machine repair shop

Permanent-press dresses (product of company for which research was done)
Brandeis University (name of university where research was done for its own use)
St. Elizabeth's Hospital (name of hospital at which medical research was done for its own use)
Commercial research (if research is the main service of the company)
Brookings institution (name of the nonprofit organization)

City elementary school
Private kindergarten
Private college
State university

Merchant marine
Marine transport
Long-distance trucking

Dry cleaning shop (provides valet
Custom tailor shop (makes clothes to customer's order)
Men's rental clothing store

Bus terminal
Railroad terminal
Boat terminal
Airport terminal

Cotton cloth mill
Woolen cloth mill
Cotton yarn mill
Nylon thread mill

Death and Fetal Death Registration Handbook

Occupation and Industry Listing

Inadequate

Transportation company

Water company

Well

Adequate

Motor trucking
Moving and storage
Water transportation
Air transportation
Airline
Bus Company
Taxicab service
Subway
Elevated railway
Railroad
Petroleum pipeline
Car loading service

Water supply
Irrigation systems
Water filtration plant

Oil field drilling
Oil well drilling
Salt well drilling
Water well drilling

Death and Fetal Death Registration Handbook

Appendix H. Operational Guidelines for Determination of Injury at Work

1. Complete the injury at work item if any other than natural cause of death is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents, including motor vehicle deaths.
2. The injury at work item must be completed for decedents ages 14 or over and may be completed for those less than 14 years of age if warranted. Consider possibility of work injury regardless of whether injury occurred in the course of work in “usual” or other occupation and/or industry. If decedent’s “usual” occupation is housewife, student, or retired consider possible injury during other employment. If occupation is transportation-related, suspect injury at work and evaluate per criteria.
3. Consider available information with regard to location and activity at time of injury. If location is farm, suspect work related and evaluate per criteria.

| CRITERIA | INJURY AT WORK | |
|--|----------------|----|
| | Yes | No |
| On Employer Premises | | |
| • Engaged in work activity, apprentice, vocational training | ✓ | |
| • On break: in hallways, rest room, cafeteria, storage area | ✓ | |
| • In employer parking lots while working, arriving, or leaving | ✓ | |
| • Engaged in recreational activities on employer controlled facilities (games, etc.) for personal enjoyment | | ✓ |
| • As a visitor for non-work purposes, not on official business | | ✓ |
| Off Employer Premises | | |
| • Working for pay or compensation, including at home | ✓ | |
| • Working as a volunteer EMS, firefighter, or law enforcement officer | ✓ | |
| • Working in family business, including family farm. Activity should be clearly related to a profit-oriented business. | ✓ | |
| • Traveling on business, including to and from customer/business contacts | ✓ | |
| • Engaged in work activity where vehicle is considered the work environment (e.g., taxi driver, truck driver, etc.) | ✓ | |
| • Homemaker working at homemaking activities | | ✓ |
| • Working for self-non profit, i.e., mowing lawn, repairing own roof, hobby, or recreation activities | | ✓ |
| • Student engaged in school activities | | ✓ |
| • Operating vehicle (personal or commercial) for non-work purposes | | ✓ |
| • Commuting to or from work site | | ✓ |

These guidelines were developed jointly by: The Association for Vital Records and Health Statistics (AVRHS), the National Institute of Occupational Safety and Health (NIOSH), The National Center for Health Statistics,(NCHS) and the National Center for Environmental Health and Injury Control (NCEHC)

PUBLISHED AND DISTRIBUTED BY AVRHS

Death and Fetal Death Registration Handbook

Appendix I. Forms

Death Certificate Worksheet

Death Certificate

Fetal Death Certificate

Burial Transit Permit

Notice of Removal

Disinterment Permit

Affidavit for Correction

Washington State Death Worksheet

Local File Number

Part 1 completed by Funeral Director

| | | | | | | | | | |
|---|--|---|--|--|---|--|---|--|--|
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix | | | | | 2. Death Date (MM/DD/YYYY) | | | | |
| 6. County of Death | | | | | | | | | |
| 3. Sex (M/F) | | 4a. Age-Last Birthday (Years) | | 4b. Under 1 Year Months Days | | 4c. Under 1 Day Hours Minutes | | | |
| 5. Social Security Number | | | | | | | | | |
| 12. Was Decedent ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | 7. Birthdate (MM/DD/YYYY) | | | 8a. Birthplace (City, Town, or County) | | 8b. (State or Foreign Country) | | |
| 9. Decedent's Education -(Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 th grade or less (Specify): _____ <input type="checkbox"/> 9 th – 12 th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree(e.g., AA, AS) <input type="checkbox"/> Bachelor's degree(e.g., BA, AB, BS) <input type="checkbox"/> Master's degree(e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate(e.g., PhD EdD) or Professional degree(e.g., MD, DDS, DVM, LLB, JD) | | | | 10. Was Decedent of Hispanic Origin? (Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the "No" box if decedent was not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify): _____ | | | 11. Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian(Specify): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ | | |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) | | | | | | 13b. City or Town | | | |
| 13c. Residence: County | | 13d. Tribal Reservation Name (if applicable) | | 13e. State or Foreign Country | | 13f. Zip Code + 4 | | | |
| 13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | 14. Estimated length of time at residence. (Specify units (e.g., 6 years, 6 month, etc.)) | | 15. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | | | | |
| 16. Surviving Spouse's Name (Give name prior to first marriage) | | | | | | | | | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) | | | | 18. Kind of Business/Industry (Do not use Company Name) | | | | | |
| Parents' & Informant's Information | | | | | | | | | |
| 19. Father's Name (First, Middle, Last, Suffix) | | | | 20. Mother's Name Before First Marriage (First, Middle, Last) | | | | | |
| 21. Informant's Name | | | | | | 22. Relationship to Decedent | | | |
| 23. Mailing Address: Number&Street or RFD No. City or Town State Zip | | | | | | | | | |
| Place of Death | | | | | | | | | |
| 24. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival | | | | If Death Occurred Somewhere Other than a Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____ | | | | | |
| 25. Facility Name (If not a facility, give number & street) | | | | 26. City, Town, or Location of Death | | 26b. State | | | |
| 27. Zip Code | | | | | | | | | |
| Disposition | | | | | | | | | |
| 28. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Body not Recovered <input type="checkbox"/> Other(Specify): _____ | | | | 29. Place of Disposition (Name of cemetery, crematory, other place) | | 30. Location-City/Town, and State | | | |
| 31. Name and Complete Address of Funeral Facility | | | | | | 32. Date of Disposition (MM/DD/YYYY) | | | |
| 33. Funeral Director Signature X | | | | | | | | | |

FUNERAL DIRECTOR INSTRUCTIONS for selected items on Washington State Certificate of Death
(For additional information concerning all items on certificate see the Handbook on Death and Fetal Death Registration or at <http://www.doh.wa.gov/ehsphl/chs/chs-data/death/hands.htm>).

ITEM 1. DECEDENT'S LEGAL NAME

Include any other names used by decedent, if substantially different from the legal name, after the abbreviation AKA (also known as) e.g., Samuel Langhorne Clemens AKA Mark Twain, but not Jonathon Doe AKA John Doe.

ITEM 10. WAS DECEDENT OF HISPANIC ORIGIN?

Check "No" or check the "Yes" box that best corresponds with the decedent's ethnic Spanish identity as given by the informant. Note that "Hispanic" is not a race and item 11 must also be completed. Do not leave this item blank. With respect to this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestry. Although the prompts include the major Hispanic groups, other groups may be specified under "other." "Other" may also be used for decedents of multiple Hispanic origin (e.g., Mexican-Puerto Rican). This information is needed to identify health problems in a large minority population in Washington State. Identifying health problems will make it possible to target public health resources to this important segment of our population.

ITEM 11. RACE

Check the boxes indicating the race of the decedent as stated by the informant. Hispanic is not a race; information on Hispanic ethnicity is collected separately in Item 10. American Indian and Alaska Native refer only to those native to North America and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo, Cheyenne, etc.) for the American Indian or Alaska Native. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group; for Pacific Islanders check Guamanian or Chamorro, Samoan or specify other Pacific Island group. If the decedent was of mixed race, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian). Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates.

ITEM 13a-f. RESIDENCE OF DECEDENT

Residence of decedent is the place where the decedent actually resided. The place of residence may not be the same as "legal residence". Never enter a temporary residence such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in Item 13. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital's location as the place of residence for any infant. If Canadian residence, please specify Province instead of State.

ITEMS 17 AND 18. OCCUPATION AND INDUSTRY of the DECEDENT

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older. This information is useful in studying deaths related to jobs and in identifying any new risks. For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as shipbuilding or construction was made possible by this sort of information on death certificates.

ITEM 17. DECEDENT'S USUAL OCCUPATION

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. Never enter "retired." Give kind of work decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "homemaker." Enter "student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

ITEM 18. KIND OF BUSINESS/INDUSTRY

Kind of business to which occupation in item 17 is related, such as insurance, farming, coal mining, hardware store, retail clothing, or university. If they worked for the government, give the area they worked such as law enforcement, social work, etc.. DO NOT enter firm or organization names. If decedent was a homemaker as indicated in item 17, then enter either "Own home" or "someone else's home" as appropriate. If decedent was a student as indicated in item 17, then enter type of school, such as high school or college, in item 18.

ITEM 24. PLACE OF DEATH

The place where death is pronounced should be considered the place where death occurred. If the place of death is unknown but the body is found in your county, the certificate of death should be completed and filed in your county. Enter the place where the body is found as the place of death. Use other for relative's home, river, street, etc.

Part 1 completed by Funeral Director

Part 2 completed by Certifier

| | | | | | | |
|--|--|--|----------------------------------|---|---|---|
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix | | | | | 2. Death Date | |
| 3. Sex (M/F) | 4a. Age - Last Birthday | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number | 6. County of Death | |
| 7. Birthdate | 8a. Birthplace (City, Town, or County) | | 8b. (State or Foreign Country) | | 9. Decedent's Education | |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. | | | 11. Decedent's Race(s) | | 12. Was Decedent ever in U.S. Armed Forces? | |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) | | | | | 13b. City or Town | |
| 13c. Residence: County | | 13d. Tribal Reservation Name (if applicable) | | 13e. State or Foreign Country | | 13f. Zip Code + 4 |
| | | | | | | 13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| 14. Estimated length of time at residence. | | 15. Marital Status at Time of Death | | 16. Surviving Spouse's Name (Give name prior to first marriage) | | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) | | | | 18. Kind of Business/Industry (Do not use Company Name) | | |
| 19. Father's Name (First, Middle, Last, Suffix) | | | | 20. Mother's Name Before First Marriage (First, Middle, Last) | | |
| 21. Informant's Name | | 22. Relationship to Decedent | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip | | |
| 24. Place of Death, if Death Occurred in a Hospital: | | | | Place of Death, if Death Occurred Somewhere Other than a Hospital: | | |
| 25. Facility Name (If not a facility, give number & street or location) | | | | 26a. City, Town, or Location of Death | | 26b. State |
| | | | | | | 27. Zip Code |
| 28. Method of Disposition | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) | | | 30. Location-City/Town, and State | |
| 31. Name and Complete Address of Funeral Facility | | | | | 32. Date of Disposition | |
| 33. Funeral Director Signature X | | | | | | |
| Cause of Death (See instructions and examples) | | | | | | |
| 34. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | | a. _____ | | | Interval between Onset & Death | |
| | | Due to (or as a consequence of): | | | Interval between Onset & Death | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | | b. _____ | | | Interval between Onset & Death | |
| | | Due to (or as a consequence of): | | | Interval between Onset & Death | |
| | | c. _____ | | | Interval between Onset & Death | |
| | | Due to (or as a consequence of): | | | Interval between Onset & Death | |
| | | d. _____ | | | Interval between Onset & Death | |
| 35. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given above | | | | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | | | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input checked="" type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 41. Date of Injury (MM/DD/YYYY) | | 42. Hour of Injury (24hrs) | | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | | 44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| 45. Location of Injury: Number & Street: _____ Apt No. _____ | | | | City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____ | | |
| 46. Describe how injury occurred | | | | 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | | |
| 48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X | | | | 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) | | | | | 50. Hour of Death (24hrs) | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | | | | 52. Date Signed (MM/DD/YYYY) | |
| 53. Title of Certifier | | 54. License Number | | 55. ME/Coroner File Number | | 56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 57. Registrar Signature X | | | | | 58. Date Received (MM/DD/YYYY) | |
| 59. Amendments | | | | | | |

Notes to Funeral Directors:

- Complete a Death Certificate before you file it with the Local Registrar.
- *File the Death Certificate within three days after the death occurred. A certificate of every death or fetal death shall be filed with the local registrar of the district in which the death occurred within three days after the occurrence is known. RCW 70.58.160*
- **Do not bury or cremate without a burial-transit-permit. RCW 70.58.240-250. You must** receive a Burial-Transit-Permit with the local registrar's signature before you follow through with the disposition.
- If the "cause of death" is not known within three days, mark "Pending" in item 38 in pencil. When the cause-of-death is determined, the certifier will complete an *Affidavit for Correction* to give the cause of death. The local registrar will add the cause-of-death to the death certificate. If the cause-of-death is determined after the local registrar has filed the certificate with the state, the certifier will send the *Affidavit for Correction* to the State Registrar.

Note to Cause-of-Death Certifiers:

- If an injury or external event is reported in Items 34 or 35, then Items 38 and 41-47 must be completed. External events include: falls, traumatic fractures, drug intoxications, overdoses, traffic accidents, electrocutions, cold or heat exposures, drownings, poisonings, gunshot wounds, stab wounds/cuts, blunt injuries, hangings, suffocations, positional or mechanical asphyxias, burns, smoke inhalations, or instances of abuse.
- Each condition reported in Item 34a-d should cause the one above it.
- A specific underlying cause-of-death should be reported as the final entry in Item 34 so there is no ambiguity about the etiology of the death.
- Conditions or diseases in Item 35 should contribute to death but not result in the last entry in Item 34.
- If additional medical information or autopsy findings become available that would change the cause-of-death that is originally reported, the original death certificate should be amended by the certifying physician by filing an *Affidavit for Correction*.

Local Registrar Comments:


Washington State Fetal Death Certificate

| Local File Number | | State File Number | |
|---|---|---|---|
| Delivery Information | | | |
| 1. Name of Fetus - First | | Middle | LAST |
| | | Suffix | |
| 2. Sex (M/F/Unk) | | 3. Date of Delivery (MM/DD/YYYY) / / | |
| | | 4. Time of Delivery (24 Hrs) | |
| 5a. Type of Birthplace (Specify Type) | | 5b. Planned Birth Place, If different Specify: | |
| 1 <input type="checkbox"/> Hospital | | 3 <input type="checkbox"/> Freestanding Birth Center | |
| 2 <input type="checkbox"/> Enroute | | 5 <input type="checkbox"/> Home - Planned <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | 4 <input type="checkbox"/> Clinic/Doctor's Office | |
| | | 6 <input type="checkbox"/> Other(Specify): | |
| 6. Name of Facility (If not a facility enter name of place and address) | | 7. Facility ID. (NPI) | |
| 8. City, Town, or Location of Delivery | | 9. Zip Code of Delivery | 10. County of Delivery |
| Parent's Information | | | |
| 11. Mother's Name Before First Marriage (First, Middle, Last) | | 12. Date of Birth (MM/DD/YYYY) | |
| 13. Mother's Current Legal Last Name, If different from above | | 14. Birthplace (State, Territory, or Foreign Country) | |
| 15a. Residence – Number and Street (e.g., 624 SE 5 th St.) | | Apt No. | 15b. City or Town |
| | | | |
| 15c. County | 15d. If you live on Tribal Reservation, give name | 15e. State or Foreign Country | |
| | | 15f. Zip Code + 4 | |
| 15g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | 16. How Long at Current Residence? Years Months | |
| 17. Father's Current Legal Name (First, Middle, Last, Suffix) | | 18. Date of Birth (MM/DD/YYYY) / / | 19. Birthplace (State, Territory, or Foreign Country) |
| Disposition Information | | | |
| 20. Name and Title of Person Completing Cause of Death | | Signature | |
| | | X | |
| 21. Date Signed (MM/DD/YYYY) / / | | | |
| 22. Name and Title of Person Delivering the Fetus | | 23. NPI of Person Delivering the Fetus: | |
| 24. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State | | 25. Date of Disposition (MM/DD/YYYY) / / | |
| 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Hospital Disposition 6 <input type="checkbox"/> Other(Specify): | | | |
| 26. Place of Disposition(Name of cemetery, crematory, other place) | | 27. Location-City/Town, and State | |
| 28. Name and Complete Address of Funeral Facility | | 29. Funeral Director Signature | |
| | | X | |
| 30. Initiating Cause/Condition (Among the choices below, please select the <u>ONE</u> which most likely began the sequence of events resulting in the death of the fetus) | | 31. Other Significant Causes or Conditions (Select or specify all other conditions contributing to death) | |
| 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) | | 1 <input type="checkbox"/> Maternal Conditions/Diseases (Specify) | |
| 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) | | 2 <input type="checkbox"/> Complications of Placenta, Cord or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other(Specify) | |
| 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) | | 3 <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) | |
| 4 <input type="checkbox"/> Fetal Anomaly (Specify) | | 4 <input type="checkbox"/> Fetal Anomaly (Specify) | |
| 5 <input type="checkbox"/> Fetal Injury (Specify) | | 5 <input type="checkbox"/> Fetal Injury (Specify) | |
| 6 <input type="checkbox"/> Fetal Infection (Specify) | | 6 <input type="checkbox"/> Fetal Infection (Specify) | |
| 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) | | 7 <input type="checkbox"/> Other Fetal Conditions/Disorders (Specify) | |
| 8 <input type="checkbox"/> Unknown | | 8 <input type="checkbox"/> Unknown | |
| 32. Estimated Time of Fetal Death | | 33. Was an autopsy performed? | |
| 1 <input type="checkbox"/> Dead at first assessment, no labor ongoing | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned | |
| 2 <input type="checkbox"/> Dead at first assessment, labor ongoing | | | |
| 3 <input type="checkbox"/> Died during labor, after first assessment | | 34. Was a histological placental examination performed? | |
| 4 <input type="checkbox"/> Unknown time of fetal death | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned | |
| 35. Were autopsy or histological placental examination results used in determining the cause of death? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 36. Registrar Signature | | 37. Date Received (MM/DD/YYYY) / / | |
| X | | | |

Please complete side two →

Washington State Burial – Transit Permit

Part 1 completed by Funeral Director

| | | | | | | | |
|--|---------------------|---|--------|--|----------------------------------|---------------------|----------|
| Legal Name (Include AKA's if any) | | First | Middle | LAST | Suffix | Death Date | |
| Sex (M/F) | Age – Last Birthday | Under 1 Year Months Days | | Under 1 Day Hours Minutes | | County of Death | |
| Birthdate | | Birthplace (City, Town, or County) | | (State or Foreign Country) | | | |
|  | | | | | | | |
| Place of Death, if Death Occurred in a Hospital: | | | | Place of Death, if Death Occurred Somewhere Other than a Hospital: | | | |
| Facility Name (If not a facility, give number & street or location) | | | | | City, Town, or Location of Death | | State |
| | | | | | | | Zip Code |
| Method of Disposition | | Place of Final Disposition (Name of cemetery, crematory, other place) | | | Location-City/Town, and State | | |
| Name and Complete Address of Funeral Facility | | | | | | Date of Disposition | |
| Funeral Director Signature X | | | | | | | |
| This Burial Permit Must Accompany Remains to Destination | | | | | | | |

Registrar

| | |
|--|--|
| A Certificate of Death having been Filed as Required by the Laws of the State of Washington, Permission is Hereby given to Dispose of the Body as Stated Above. | |
| Registrar Address | |
| Registrar Signature X | |
| Date Signed (MM/DD/YYYY) | |

Sexton

| | |
|--|-------------------------|
| Cemetery or Crematory Fill in Below | |
| This Permit must be endorsed by the Sexton where interment is made, or by the Funeral Director where there is no Sexton. | |
| Body was | (Buried or Cremated) |
| on | (MM/DD/YYYY) |
| in | (Cemetery or Crematory) |
| Place | Signature X |
| Return within 10 days to the Registrar of the District in which the cemetery is located. | |

Optional

| | |
|---|--|
| Out – of – State Destination of Cremated Remains | |
| Name of Cemetery or Facility | |
| City/Town, and State | |



Notice of Removal

For Funeral Directors Use Only

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

I/we the undersigned funeral director and/or embalmer, have taken the body of

_____, Name of Deceased _____, who died at _____ Place of Death _____, Washington, on

_____, Month _____ / _____ Day _____ / _____ Year _____, to _____ Name of Funeral Director _____

_____, Funeral Home Address _____

The Certificate of Death will be presented to and the Burial Transit Permit will be obtained on this date _____ Month _____ / _____ Day _____ / _____ Year _____

from _____ Name of Local Registrar _____, _____ City _____, Washington

| | | |
|--|-------|--|
| Signature of funeral director/embalmer X | | Date Signed _____/_____/_____ Month / Day / Year |
| Mailing Address | | |
| City | State | Zip |

Notice of Removal

RCW 70.58.230 allows a licensed funeral director or embalmer to remove a body from the district in which the death occurred to another registration district without a Burial Transit Permit **if** a Notice of Removal is filed with or mailed to the local registrar in the district in which the death occurred. This Notice shall be signed by the funeral director or embalmer and shall contain the name and address of the local registrar with whom the Certificate of Death will be filed and the Burial Transit Permit secured.

This notice is not a permit to allow burial, cremation or removal of the body from the State of Washington.

Burial Transit Permit must be secured from the local registrar for the purpose of final disposition.

DOH/CHS 027 (Rev. 3/2004)



Notice of Removal

For Funeral Directors Use Only

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

I/we the undersigned funeral director and/or embalmer, have taken the body of

_____, Name of Deceased _____, who died at _____ Place of Death _____, Washington, on

_____, Month _____ / _____ Day _____ / _____ Year _____, to _____ Name of Funeral Director _____

_____, Funeral Home Address _____

The Certificate of Death will be presented to and the Burial Transit Permit will be obtained on this date _____ Month _____ / _____ Day _____ / _____ Year _____

from _____ Name of Local Registrar _____, _____ City _____, Washington

| | | |
|--|-------|--|
| Signature of funeral director/embalmer X | | Date Signed _____/_____/_____ Month / Day / Year |
| Mailing Address | | |
| City | State | Zip |

Notice of Removal

RCW 70.58.230 allows a licensed funeral director or embalmer to remove a body from the district in which the death occurred to another registration district without a Burial Transit Permit **if** a Notice of Removal is filed with or mailed to the local registrar in the district in which the death occurred. This Notice shall be signed by the funeral director or embalmer and shall contain the name and address of the local registrar with whom the Certificate of Death will be filed and the Burial Transit Permit secured.

This notice is not a permit to allow burial, cremation or removal of the body from the State of Washington.

Burial Transit Permit must be secured from the local registrar for the purpose of final disposition.

DOH/CHS 027 (Rev. 3/2004)

DISINTERMENT PERMIT

Permission is hereby granted _____ name of person _____ to disinter and

remove the body of _____ name of deceased _____

from _____ name of cemetery

to _____, said removal to be performed in conformity

with the rules and regulations of the state and local Board of Health governing disinterments. This permit must be delivered to the sexton or other person in charge of the burial site.

Name of burial site

signature of local registrar

address

city, state, zip

date

DOH 110-018 FRONT (REV 2/96)

RCW 70.58.230 states in part: "It shall be unlawful for any person to inter, deposit in a vault, grave or tomb, cremate or otherwise dispose of, or disinter or remove from one registration district to another, or hold for more than seventy-two hours after death, the body or remains of any person whose death occurred in this state or any body which shall be found in this state, without obtaining, from the local registrar of the district in which the death occurred or in which the body was found, a permit for the burial, disinterment or removal of such body . . ."

When the body is to be shipped by common carrier, a Burial Transit Permit must be secured from the local registrar.

See also RCW 68.50.200-232 for information on the requirements of a disinterment permit.



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter

STATE OFFICE USE ONLY

| | | | | |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

| | | |
|--------------------|-------------------|-------------------------------------|
| 1. Name on record: | 2. Date of Event: | 3. Place of Event: (City or County) |
|--------------------|-------------------|-------------------------------------|

| | |
|--|---|
| 4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) | 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) |
|--|---|

The Record is Incorrect or Incomplete as follows:

| The Record now shows: | The True fact is: |
|-----------------------|-------------------|
| 6. | 7. |
| 8. | 9. |
| 10. | 11. |
| 12. | 13. |

| | |
|--|-------------------|
| 14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify) | Telephone Number: |
|--|-------------------|

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

| | | |
|----------------|-----------|--------------|
| 15. Signature: | 16. Date: | 17. Address: |
|----------------|-----------|--------------|

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

| | | | |
|--------------------------------|-------------------------------|--------------------------|---|
| Examples of documentary proof: | Certificate of Naturalization | Medical Record | School Record |
| | Hospital Records | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
| | Insurance Records | Birth Record | Alien Registration Card (front and back) |
| | Marriage/Divorce Records | Passport | |

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit – form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant(marriage) or clerk of court(dissolution) must sign the affidavit.